WELFARE, SOCIAL SERVICES, AND UNEMPLOYMENT ISSUES: IMPACT OF FEDERAL BUDGET CUTS

HEARING

BEFORE THE

SUBCOMMITTEE ON PUBLIC ASSISTANCE AND
UNEMPLOYMENT COMPENSATION

OF THE

COMMITTEE ON WAYS AND MEANS
HOUSE OF REPRESENTATIVES

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WELFARE, SOCIAL SERVICES, AND UNEMPLOYMENT ISSUES: IMPACT OF FEDERAL BUDGET CUTS

FRIDAY, NOVEMBER 18, 1983

House of Representatives,
Committee on Ways and Means,
Subcommittee on Public Assistance and
Unemployment Compensation,
Atlanta, Ga.

The subcommittee met at 10 a.m., pursuant to notice, in the Hyatt Regency Hotel, Atlanta, Ga., Hon. Harold Ford (chairman of the subcommittee) presiding.

[The press release announcing the hearing follows:]

[Press Release of Monday, Nov. 14, 1983]

The Honorable Harold Ford (D., Tenn.), Chairman of the Subcommittee on Public Assistance and Unemployment Compensation of the Committee on Ways and Means, U.S. House of Representatives, today announced that the Subcommittee will be conducting a field hearing in Atlanta, Georgia, on Friday, November 18, 1983. The hearing will be held at the Hyatt Regency Hotel, 265 Peachtree Street, N.E., Atlanta, Georgia, beginning at 10:00 a.m.

The purpose of the hearing is to receive testimony from invited witnesses regarding the impact of federal budget cuts, and the ability of State and local governments and nonprofit agencies to cope with growing demand for social services for the unemployed, the elderly, the handicapped, and families with dependent children, and the increasing need for shelters for the homeless. The relationship between private voluntary efforts and governmental activities in these areas will also be examined, especially in connection with the administration of the Emergency Food and Shelter program which was funded though the Emergency Jobs bill last March.

The Subcommittee will receive testimony from local private business organizations regarding their efforts to respond to problems of high unemployment among black youth. There will also be testimony by national and local religious leaders, national and local representatives of private nonprofit voluntary agencies, local recipients of social services and from State and local government officials.

For more information concerning the hearing, call the Subcommittee offices at (202) 225-1025 or (202) 225-1076.

Chairman **Ford**. The Subcommittee on Public Assistance and Unemployment Compensation will come to order for the purpose of hearing witnesses today on welfare, social services, and unemployment.

The Subcommittee on Public Assistance is here today to hear from a list of witnesses on three critical issues that we are faced with as Members of Congress and members of the Public Assistance and Unemployment Compensation Subcommittee.

The purpose of the hearing today is to receive testimony from invited witnesses regarding the impact of the Federal budget cuts and the ability of governmental and private voluntary agencies to deal with the growing demand for services by the unemployed, families, the elderly, and the handicapped. In addition, the subcommittee is interested in hearing from State and local officials and from voluntary agencies who have been involved in the administration of the emergency food and shelter program which was enacted by the Congress last March.

Just over 2 years ago, I assumed the chairmanship of this subcommittee. It was less than 2 weeks later, on October 1, 1981, that the axe fell on many social programs in this country as the 1981 Budget Reconciliation Act went into effect. That legislation made over 4 billion dollars' worth of cuts in programs within this subcommittee's jurisdiction. The subcommittee has heard about the cuts that were presented by the Reagan administration. The subcommittee worked tirelessly, the 11 members on the subcommittee and the 35 members on the full Committee on Ways and Means, and we started off in my hometown of Memphis, Tenn., hearing from those agencies and witnesses and those who have been affected by these severe budget cuts.

Most recently this summer in Washington, D.C., we also heard from witnesses in regards to the AFDC cuts as well as cuts in social services.

I want at this time to thank my colleague and a member of the subcommittee, Congressman Wyche Fowler, and his staff for making the arrangements for this hearing today and for the subcommittee to be here in Atlanta to hear from the witnesses who will be testifying.

I am looking forward to the opportunity to hear from the people here in Georgia and from other individuals from around the country regarding the current efforts to respond to the human service needs in Georgia as well as those needs throughout this country.

I would like, at this time, to recognize a distinguished member of the Committee on Ways and Means and the Subcommittee on Public Assistance and Unemployment Compensation. Without this distinguished person on the Subcommittee on Public Assistance, I am not sure that we would have the votes, we would have one who could articulate so well in the area of human services.

At this time, the Chair would like to yield to the Congressman from the Atlanta area, Congressman Wyche Fowler.

Mr. **Fowler**. Mr. Chairman, thank you very much for those kind words, and we welcome you to Atlanta and thank you again publicly for allowing the subcommittee, with all the requests that we have, to have our hearing here in Atlanta.

There are a lot of things I would like to say but I will not, in the interest of time. The chairman and I do have to apologize to you. I am sure you have heard we are still in session in Washington. It is the last rush toward adjournment when most of the mischief is done, a lot of damage is done, so we will have to leave here at 11:15 or 11:20 to make that 12 plane to get back.

So let me just—to move things along, thank all of you who have come to testify. These are very difficult times in our Nation and we are still just beginning to see really the impact of the cutback in domestic spending programs about which we want to hear from you.

I do want particularly to thank the Council of Jewish Federations for extending their hospitality to the subcommittee, helping us with so much of these arrangements and providing many experts that we will hear from.

Thank you, Mr. Chairman, and I am ready to begin if you are.

Chairman **Ford**. Thank you, Mr. Fowler.

The Chair would like to say that he is very appreciative of the adjustments that have been made by the witnesses for this early start. It goes without saying, and I think Congressman Fowler has already indicated, that we have to return back to the Nation's Capital early this afternoon because of the debt limit and other legislation that is on the House floor.

We had anticipated earlier this month that the Congress would have adjourned sine die last night, but that was not the case, and therefore we will have to leave early to catch a flight to return back to Washington.

Because of the tight schedule, we will have to insist that witnesses limit their statements to no more than 5 minutes. But we will also say to you that the record will be open and your entire written statement will be made a part of the record, and a part of the record for the subcommittee, and the staff, and all to review all of the information that will be submitted to the subcommittee today.

To my left is Mr. Alan Jensen, who is staff director for the Public Assistance and Unemployment Compensation Subcommittee.

Once again, we are delighted to have you here and be with you today.

At this time, the chairman would like to call up the first panel, panel 1, the public sector; Mr. Herschel Saucier from the Georgia Department of Human Resources; Ms. Bobbie Ware of Atlanta, Ga., the Division of Family and Children Services, Georgia Department of Human Services.

I am not sure if I am pronouncing the name correctly, Mr. Saucier?

Mr. **Saucier**. Close enough.

Chairman **Ford**. Close enough, very good. The Chair will recognize you at this time and you are, of course, the leadoff witness.

STATEMENT OF HERSCHEL SAUCIER, GEORGIA DEPARTMENT OF HUMAN RESOURCES, ACCOMPANIED BY BOBBIE WARE, DIVISION OF FAMILY AND CHILDREN SERVICES

Mr. **Saucier**. Mr. Chairman, Congressman Fowler, we are especially pleased to have been invited to meet with the subcommittee this morning and share the experiences of the Department of Human Resources in struggling to try to meet the needs, the many needs of poor people in Georgia and others in distress.

I am Herschel Saucier, representing Dr. Jim Ledbetter, the commissioner of the department who could not be here. I have with me Ms. Bobbie Ware, who is speaking for Dr. Patricia Johnson, the director of our Division of Family and Children Services.

Ms. Ware will begin by addressing some of the changing patterns of poverty in this State and then will be commenting on some of the decisions your subcommittee has made on the AFDC bill and then I will briefly summarize the way Georgia has managed its emergency food and shelter program in the State.

We will be giving you detailed information for the record, so that we will try to cover few details in our testimony.

Ms. **Ware**. The increase in the number and proportion of Americans who live in poverty, which characterized the last 5 years, may be understood from two perspectives. First, clearly the recession which was characterized by double-digit inflation and record unemployment contributed to the increase. The direct impacts of the recession should be seen as short term causes in the rise in poverty. Second, but more important are long-term social and economic trends which may be with us for the rest of this century. There are long term changes in the American family and in how we raise our children. America, as a society, is aging. We are, on average, older as a population, and that trend will continue through the present century. The fastest growing segment of Georgia's population between 1970 and 1980 consisted of those Georgians over 65 years of age; 730,000 Georgians were in this category in 1980, an increase of 35 percent for the decade. One in four aged Georgians live in poverty.

Older Americans have been damaged by inflation which has made their social security and retirement benefits inadequate for their needs.

There has been a sharp increase in the number of households headed by women. In Georgia, in 1970, there were approximately 150,000 families headed by women. By 1980, there were 238,000 such families. In Georgia, women head 43.8 percent of the families in poverty, although female maintained households constitute only 16.6 percent of all households. Even for women whose income places them above the poverty line, life is difficult. Four out of five working women have low paying jobs with no pension plan. For these reasons, households headed by women have the lowest income reported for household types listed in the Bureau of Census tabulations. In 1981, the median income for households maintained by black women was $7,510.

A significant increase in poverty among blacks has occurred in the last several years. Black Americans have not overcome barriers that exist for them in education and employment and are severely affected by the disintegration of the family and the problems of aging. Almost 40 percent of black men in the civilian labor force were in the job category of operator, assembly workers, and laborers. These occupations have been most susceptible to economic fluctuations and to structural change in the economy. Another factor is the increasing concentration of the poor in families maintained by black women. Seventy percent of black households in poverty are headed by women and the number of households headed by women in the black community is rising dramatically.

Finally, there may well be a new poor, created by structural changes in the economy, in which the traditional manufacturing section gives way to new highly technical enterprises. In Georgia, textile workers and those involved in the manufacturing of carpets are at risk in this way. Textiles present an excellent example. Synthetics, new processing techniques and foreign competition have led to a serious decline in the traditional textile industry. Georgia's textile firms are small town affairs for which the same families have supplied workers for generations.

The Omnibus Budget Reconciliation Act of 1981 and the Tax Equity and Fiscal Responsibility Act of 1982 reduced the assistance available to poor Georgians. Within a year of the implementation of OBRA regulations in Georgia, 15,000 families lost AFDC benefits; 10,000 other received reduced benefits and 12,000 food stamp households lost benefits in the same period. Since that time, the number of individuals receiving assistance has increased, due largely to the impact of unemployment.

Effective July 1983, the maximum monthly benefit for a mother with one child is $169; a mother with two children, $202 and a mother with three children, $238. These payments may be supplemented with food stamps and medicaid. The person making maximum use of these three programs will not be able to provide an adequate living for herself and her children. A family of three receiving maximum AFDC benefits and a maximum food stamp allotment will receive in cash and benefits 48.2 percent of the Bureau of Labor Statistics lower level budget for a family of three. The inadequacy of this assistance is magnified by the scarcity of housing subsidies. Fewer than one in four of Georgia's AFDC recipients live in subsidized housing.

Including, the increase in povety that has characterized the past 5 years is only in part a result of the recession. It is also due to social and economic trends that show every sign of continuing. Women, children, blacks and the aged are very vulnerable to the trends we have discussed. Decisions made regarding public assistance programs and others which impact on these groups should be made with a full understanding of the nature of poverty today and in the future.

In closing, I would like to comment very briefly on the amendments to the AFDC program which were approved by this subcommittee on November 1, 1983, as these are a move toward alleviating some of the problems faced by poor families and specifically the working poor. Time will not permit addressing each of these amendments; however, of particular value are the provisions for increasing work incentives. These are:

One, change in the earned income disregards as well as the order in which they are applied will allow for retention of a greater proportion of earnings prior to applying the net income to reduce AFDC benefits. The removal of the time limitation on the 30-plus one-third disregard will allow for continuation of eligibility for a money payment as well as medicaid.

Two, disregard of the earned income tax credit will not aid recipients of assistance but will remove an administrative burden on AFDC workers who must calculate these credits, thus reducing errors.

Three, repeal of the gross income limitation is beneficial particularly in States, such as Georgia, whose standard of need does not adequately reflect the cost of living.

We support all of the amendments and believe that they are reflective of your concerns for the poor and for State administration.

Thank you.

Mr. **Saucier**. Thank you, Ms. Ware.

Let me comment briefly on Georgia's emergency food and shelter program. We received only $1.4 million under the jobs bill for emergency food and shelter. Not much money, but it has been a godsend for people in distress in Georgia.

The Governor received our allocation about the 5th of April of this year. We received program guides from the Federal Emergency Management Agency, FEMA, on the 13th of May, and by the end of the first week in June, we had all of our funds allocated to provider agencies throughout this State.

One of the beauties of the emergency food and shelter program is that it provides flexibility for the State and local communities to determine who is in greatest distress and make decisions about who they will use those funds. Other than passing down the Federal program constraints, we have given maximum flexibility to local agencies and their boards in determining where the greatest need is, who will be helped, and what services will be provided.

There is a part of the program that was very confusing. This is the first time that FEMA had ever administered a program of this sort. It was one of the new programs under the jobs bill. Most of the add-ons by the jobs bill were supplements to existing programs. The regulations were very restrictive in the beginning. You could use the money only for group shelter and feeding.

We felt that a lot of families were in distress and without assistance while they were still at home, they would be put on the streets. We were able to negotiate changes with FEMA to be able to assist persons in their own homes with food and shelter. And this is how most of our money has been spent.

We chose to use the community action agencies, some 21 agencies throughout the State and allowed their boards to decide on eligibility and the services provided. Now these agencies are uniquely equipped to serve the poor. They exist primarily to deal with the causes of poverty. And in passing, let me urge the Congress to please continue the community services block grant program because it most directly focuses on dealing with the problems and causes of poverty.

The administration, as you know, is urging that this be merged with the social service block grant. In Georgia, both are vital, but the community services block grant is targeted to trying to deal with the problems of poverty.

These agencies administering our money have boards made up of one-third elected officials or their representatives, one-third representatives of the poor elected through some democratic process, the other third representing the general citizenry of the area which they serve. We felt that these boards could more nearly represent the conscience of the community in deciding what should be done and how it should be done than our department out of Atlanta. They have done a beautiful job.

By the end of September, we had spent well over half of our funds after operating for only 3 months and this is the startup period.

Mr. **Fowler**. Half of the 1.4?

Mr. **Saucier**. Over $800,000 of the $1.4 million had been spent by the end of September.

Some areas have spent all of their funds, other areas are holding some back for winter months. At the end of September, and I am sure these figures are much higher in October, we had provided shelter to over 200,000 individuals in this State.

Shelter was provided in group shelters; was purchased from hotels, motels, boarding houses when this is the only resource available; it was provided through shelters for battered women and their children and the one most often used, was providing up to 30 days assistance for persons who face eviction from rental property or foreclosure on their own homes.

Again, we left the decision as to how the money would be used to the local boards. At the end of September, we had fed over 15,000 individuals, including over 5,000 families, and had served over 21,000 meals. Now those meals will go up when winter months come.

There is a great deal of debate now about how the emergency food and shelter money should come to the local communities. We have been concerned about the dual system for getting these funds to the States. We have one set of poor people, we are serving the same communities. We attempted to wait and not allocate our funds until the national board had made some decision about where to allocate their funds. Because of the delays by the national board we went ahead and made our allocation without regard to where they were making grants avaialble. Only six counties in our State were assisted through the national board allocations. In looking at these counties, based on our data, these counties were in no greater need than the other counties in the State. We have assisted people in every county in the State.

We allocate our money based on one-third of the money based on population, one-third of the money was allocated based on individuals in poverty, and one-third based on unemployment. There has been a consensus among the many people who have helped us arrive at these policies, that this seems to be the fairest way to reach people in greatest distress.

Now we are concerned about how existing programs, public assistance programs, the categorical programs, do not meet the emergency needs of people. In Georgia, the AFDC program does not serve intact families. We have a lot of families facing crises, we have been able to use emergency food and shelter money to help the families over a crisis situation. I am sure many times it has resulted in keeping that family together.

Mr. Chairman, you mentioned some of the restrictive policies concerning disability determination this morning. We have thousands of people on the street in this State because of the very rigid requirements in regard to disability determination under social security and SSI. Now couple these restrictive policies with the basic premise and requirement, and we argue that we ought to serve people in the least restricted fashion, and the fact that we have moved to deinstitutionalize persons in our regional hospitals over this State, these restrictive policies have pushed the mentally disabled, chronically mentally disabled persons, on the streets of our towns and cities in this State.

We are pleased to see that Congress is addressing some of these restrictive policies. We are pleased that this subcommittee provided

$50 million for emergency shelter and related needs, as you marked up your AFDC bill. We would hope that the Congress could see fit to continue at least $100 million. That is so little money, but it has such great value to people in distress over this country. In some way find a way to continue at least $100 million for the States and local communities to deal with the crisis needs of people.

Now almost 195,000 people were assisted by local communities, again their choice, in rent and mortgage relief, to buy 30 days to try to work out a plan to save their apartment or their rental house before they have a notice of foreclosure. This is particularly true with the newly unemployed. To assist them with 1 month's mortgage payment to find some time, provide some counseling, try to provide some way to keep them together in their family.

Now we do not think it is an issue about whether or not future funds ought to go to private or public. We think the States throughout the country are in a better position to have an overview of the needs of poor people within the State. We could not have managed our program without depending heavily on the private agencies to help us design the program and to implement the program. Now these community action agencies have involved many public and private agencies and organizations at the local level. And I remind the committee that we are getting 98 percent of these emergency funds to people in need. The Congress is wise in restricting this money so that it cannot be used for personnel. It means we have gone with agencies and systems that already had personnel to manage the program. That means that the assistance gets to the people in need.

We piggybacked the community services block grant, have allowed agencies receiving those block grant funds to use staff paid by CSBG funds to manage the emergency shelter and food funds with staff paid for by those funds. The State who manages the CSBG program is in a better position to collaborate and coordinate other funding sources who are getting these funds to people without any added administrative cost.

We are delighted with the efforts this committee is making to deal not only with the crisis needs, but the many sound decisions you have made on your AFDC proposals recently to try to lessen some of the impact of the very negative policies that were passed through the 1981 Omnibus Budget Reconciliation Act.

We appreciate the opportunity to testify. We are especially pleased to have our distinguished Congressman on this subcommittee and on the Ways and Means Committee.

Chairman Ford. And we are honored to have him on this Subcommittee on Public Assistance as well as the full Committee on Ways and Means.

Mr. Saucier. I will be glad to try to respond to any questions that you have.

Chairman Ford. One comment, and I guess it is not a question but a recommendation. When we are marking up or hearing from witnesses throughout this country on meaningful legislation, legislation that you are talking about, it would also be helpful if we could have the department of health and human service not only here in Georgia but throughout this country to relay this information to your Governor so when he is there at the Governors' Association or the Governors' Conference, he can also address these issues. Because we have seen in the past that when the Governors lend strong support to legislation, it can make things a lot easier for us in the Congress, not only the Governor's Conference itself, but directors and those who are participants in offices of health and human services throughout the country.

Let me also state to you that we had the Director of OMB to testify before two of our subcommittees a week or 10 days ago in Washington, and I want you to know that you are right on target in talking about the poverty rate. The new figures show that there is 15 percent of the population in this country living below the poverty rate. I think Mr. Stockman testified and indicated that the elderly through inkind benefits of the health care programs, medicare and medicaid, that he has found a new way to come up with new figures and to show that there are 9.6 percent of the total population which would relate to 22 million people in this country who live below—not at but below—the poverty level.

I said earlier this morning at an affair that Congressman Fowler had with representatives of a cross-section of people from different agencies throughout the Atlanta area, and we stated at that point that we will see this Subcommittee on Public Assistance starting in January trying to look at a national welfare reform package that would incorporate many of the things that the two of you discussed already this morning.

We look forward to working with those who are here today with us and also voices and individuals in agencies throughout this country in helping us write a welfare reform package.

The Chair will recognize the Congressman from this area, Mr. Fowler.

Mr. FOWLER. Thank you, Mr. Chairman.

Mr. Saucier, Ms. Ware, thank you very much. There are a lot of comments I could make but in the interest of time, I think you gave a very good lead in to the emergency food and shelter panel that will now follow you, so I think I will hold my questions and comments until that time.

[The prepared statement follows:]

STATEMENT OF THE GEORGIA DEPARTMENT OF HUMAN RESOURCES

INTRODUCTION

Good morning Congressman Ford and members of the House Subcommittee on Public Assistance and Unemployment Compensation. We are especially pleased to have been invited by our distinguished Congressman from Georgia's Fifth District, Congressman Wyche Fowler. We appreciate the opportunity to share with you our concerns and thoughts about human services which are based in the experience of the Georgia Department of Human Resources to address the unrelenting needs of many of our citizens. I am Herschel Saucier, representing the commissioner of the Department of Human Resources. With me is Ms. Bobbie Ware, who is representing the views of Dr. Patricia Johnson, who is director of the department's division of family and children services.

In the few minutes which we have with you today, we would like to address three primary issues which we believe are relevant to the continuing efforts of government at all levels to meet the social needs of citizens. First, Ms. Ware will briefly describe the changing face of poverty in our State and the growing inadequacy of our programs to alleviate this tragedy. We would also like to make a few comments about amendments which your subcommittee has recently approved in what we believe to be your efforts to respond both the the needs of our clients and of our State. This will provide the context for me to briefly describe the valuable role which emergency food and shelter program has preformed in meeting rising emergency needs. At the conclusion of our brief testimony, we would be pleased to try to respond to questions which you may have.

OVERVIEW OF POVERTY IN GEORGIA AND PUBLIC ASSISTANCE

The increase in the number and proportion of Americans who live in poverty, which characterized the last five years, may be understood from two perspectives. First, clearly the recession which was characterized by double-digit inflation and record unemployment contributed to the increase. The direct impacts of the recession should be seen as short term causes in the rise in poverty. Second, but more important are long term social and economic trends which may be with us for the rest of this century. There are long term changes in the American family and in how we raise our children. America, as a society, is aging. We are "on average" older as a population and that trend will continue through the present century. The fastest growing segment of Georgia's population between 1970 and 1980 consisted of those Georgians over sixty years of age. Seven-hundred-thirty thousand Georgians were in this category in 1980; an increase of thirty-five percent for the decade. One in four aged Georgians live in poverty.

Older Americans have been damaged by inflation which has made their Social Security and retirement benefits inadequate for their needs.

There has been a sharp increase in the number of households headed by women. In Georgia in 1970 there were approximately 150,000 families headed by women. By 1980 there were 238,000 such families. In Georgia, women head 43.5 percent of the families in poverty although female maintained households constitute only 16.6 percent of all households. Even for women whose income places them above the poverty line, life is difficult. Four out of five working women have low paying jobs with little future. Half of America's working women have jobs with no pension plan. For these reasons households headed by women have the lowest income reported for household types listed in the Bureau of Census Tabulations. In 1981, the median income for households maintained by black women was $7,510.

A significant increase in poverty among blacks has occurred in the last several years. Black Americans have not overcome barriers that exist for them in education and employment and are severely affected by the disintegration of the family and the problems of aging. Almost forty percent of black men in the civilian labor force were in the job category of "operators, assembly workers and laborers." These occupations have been most susceptible to economic flucttutations and to structural change in the economy. Another factor is the increasing concentration of the poor in families maintained by black women. Seventy percent of black households in poverty are headed by women and the number of households headed by women in the black community is rising dramatically.

Finally, there may well be a "new poor", created by structural changes in the economy, in which the traditional manufacturing section gives way to new highly technical enterprises. In Georgia, textile workers and those involved in the manufacturing of carpets are at risk in this way. Textiles present an excellent example. Synthetics, new processing techniques and foreign competition have led to a serious decline in the traditional textile industry. Georgia's textile firms are small town affairs for which the same families have supplied workers for generations.

The adequacy of public assistance

The Omnibus Budget Reconciliation Act of 1981 (OBRA) and the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) reduced the assistance available to poor Georgians. Within a year of the implementation of OBRA regulations in Georgia, 15,000 individuals in Georgia lost AFDC benefits. Ten thousand others received reduced benefits. Twelve thousand Food Stamp households lost benefits in the same period. Since that time the number of individuals receiving assistance has increased, due largely to the impact of unemployment.

Effective July 1983, the maximum monthly benefit for a mother with one child is $169.00; a mother with two children $202.00 and a mother with three children $238.00. These payments may be supplemented with Food Stamps and Medicaid. The person making maximum use of these three programs will not be able to provide an adequate living for herself and her children. A family of three receiving maximum AFDC benefits and a maximum Food Stamp allotment will receive in cash and benefits 58.2 percent of the Bureau of Labor Statistics lower level budget for a family of three ($9,097). The inadequacy of this assistance is magnified by the scarcity of housing subsidies. Fewer than one in four of Georgia's AFDC recipients live in subsidized housing.

Conclusion

The increase in poverty that has characterized the past five years is only in part a result of the recession. It is also due to social and economic trends that show every sign of continuing. Women, children, Blacks, and the Aged are very vulnerable to the trends we have discussed. Decisions made regarding public assistance programs and others which impact on these groups should be made with a full understanding of the nature of poverty today and in the future.

Amendments to the AFDC program approved by this subcommittee on November 1, 1983 are a move toward alleviating some of the problems faced by poor families and specifically the working poor. Time will not permit addressing each of these amendments; however, of particular value are the provisions for increasing work incentive. These are:

(1) change in the earned income disregards as well as the order in which they are applied will allow for retention of a greater proportion of earnings prior to applying the net income to reduce AFDC benefits. The removal of the time limitation on the 30 + ⅓ disregard will allow for continuation of eligibility for a money payment as well as Medicaid;

(2) Disregard of the earned income tax credit will not only aid recipients of assistance but will remove an administrative burden on AFDC workers who must calculate these credits thus reducing errors;

(3) Repeal of the gross income limitation is beneficial particularly in states, such as Georgia, whose Standard of Need does not adequately reflect the cost of living.

We support all of the amendments and beleive they are reflective of your concerns for the poor and for state agency administration.

THE EMERGENCY FOOD AND SHELTER PROGRAM IN GEORGIA UNDER THE JOBS BILL, PUBLIC LAW 98-8

The Governor received notice of Georgia's emergency food and shelter allocation on April 5, of this year. The Department of Human Resources was designated as the responsible agency on April 13. We received FEMA program guides on May 13, and had selected all local provider agencies and had funds under contract to them before the end of June.

The original rules from FEMA were very restrictive, allowing us to use funds only for group shelter and feeding and funds had to be utilized by September 30, 1983. We were able to convince the Federal agency to allow food and shelter assistance to people in their own homes that might help them avoid being pushed out into the streets. They also extended the time for local use of funds past September 30, if the State had the funds obligated to local communities by September 30, 1983. This was a new program for FEMA and the States and we both had to learn as we moved ahead.

Georgia has made 98 percent of the funds available to people in need. No funds were used for State administration except for 1 percent reserved for the required State audit. Local agencies could use up to 1 percent for printing and other cost of managing the program but could spend no funds for staff.

We chose to delegate local management of the program to 21 community action agencies for several reasons:

They were in close touch with the poor and their needs;

We allowed them to use staff already on board and paid by community services block grant (CSBG) funds to manage the program;

We amended existing service contracts with cap agencies to get the program moving quickly; and

We encouraged them to utilize other private and public agencies and organizations.

The department developed guidelines for local management of the program which gave maximum discretion to local agency boards to decide—

The income eligibility standards to use—who would be assisted,

What services would be provided with the funds, and

What local agencies—public and private—and organizations would participate in getting the assistance to people in need.

We felt that local citizen boards could evaluate local needs and in general serve as the conscience of the community better than the department out of Atlanta. The boards are made up of one-third elected officials or their representative, one-third representatives of the poor, and one-third representing citizens as a whole.

At the end of September we had spent over $800,000 more than half of our allotment after only three months operation. Some communities are holding back funds for the winter months. We had provided shelter to over 200,000 individuals.

Shelter was provided in group shelters; was purchased from commercial establishments such as hotels, motels, boarding houses, etc.; was provided through shelters for battered women and their children and by providing up to 30 days rent and mortgage assistance when assistance would avoid eviction or foreclosure.

By the end of September we had provided food to over 15,000 individuals, and over 5,000 families. Over 21,000 meals were provided.

Each month more emergency food and shelter services were provided than the previous month. Some communities have already spent all their allotment.

Georgia allocated funds to every county in the State using the following formula—

One-third allocated based on population;
One-third allocated based on individuals in poverty; and
One-third allocated based on unemployment.

PROBLEMS WITH PUBLIC ASSISTANCE PROGRAMS (SSI, SOCIAL SECURITY, AFDE, AND SO FORTH, THAT CONTRIBUTE TO NEED FOR FOOD AND SHELTER

The restrictive policies applied to social security disability determination and disability under SSI have left many chronically mentally ill persons without any resources. Coupled with public policy that says persons, especially the mentally ill, must be served in the least restrictive environment, the restrictive and punitive disability policies have pushed the chronically mentally ill people to the streets. Community resources and support services to the deinstitutionalized patient have not kept pace with the numbers of persons discharged from mental health hospitals.

In Georgia, AFDC is not available to in-tact families. Some fathers leave their families so their families can get some assistance through AFDC. The resource limitation on public assistance results in families without income not being eligible, especially the newly unemployed.

RECOMMENDATIONS FOR MEETING EMERGENCY NEEDS

We recommend continued appropriation of $100 million for emergency food and shelter with program flexibility not provided by traditional public assistance programs.

The continuation of the community service block grant as the program dealing most directly with the causes of poverty is strongly recommended.

Georgia could make use of existing Federal programs by utilizing the emergency family assistance program under title IV-A—the AFDC title, if State funds (50-50) were available. This would be a resource for families with children but not for individuals or couples in financial distress.

STATE'S NEED/INTEREST IN CONTINUING APPROPRIATION OF EMERGENCY FOOD AND SHELTER FUNDS

Even in better economic times with lower unemployment, we will continue to have many individuals and families facing crisis when short term financial assistance and counseling is needed to help them get back on track. Continuation of the emergency food and shelter program with flexibility in management can help us meet many of these needs and many times prevent continued dependence upon public assistance. We believe we have demonstrated the ability to get these funds to people in greatest need with only a 2 percent cost for administration. This is unprecedented.

We believe the State can better manage these public funds than the national board by coordinating with and utilizing other funding sources, such as CSBG, to reach those in need.

Response to criticism by private agencies that States are not spending their allocations and that future funds should go to privates.

Private agencies in Georgia have not criticized the State's management of the emergency food and shelter program. We've worked closely with private agencies in developing our program plan and have utilized private agencies as partners in program operations.

We made every effort to coordinate our funds allocation with the national board but because of their delay in allocating their funds had to move ahead with our plans. As a result, some six counties received two allocations. We believe our allocation formula was more equitable than theirs. We assisted people in distress in every county in the State.

The privates assisted persons in only six counties; counties according to our data which had no greater need than most other counties. Congress should allocate funds to communities through a single system to assure no duplication of funding and to achieve equity. The responsible agency should be the State. As a matter of principle, States should be accountable to Congress for use of public funds.

States should be the responsible agency because:

States are more aware of statewide needs than the national board of private agencies or local private agencies.

Since funds are not available for paying staff—and we have no argument with this policy—the State has greater ability to identify agencies throughout the State which have existing resources to manage this program.

States are recipients of CSBG funds which are most often piggy-backed to get the funds to persons in need and can best coordinate these programs.

State agencies should take the lead but private agencies should be full partners in planning and managing the emergency food and shelter program. Our program could not have been as efficient and effective without the extensive participation of private agencies. Any extension of the emergency food and shelter program should mandate close public and private cooperation.

We commend this committee for approving the $50 million authorization for emergency shelter and related needs as a part of this AFDC proposal.

We greatly appreciate this opportunity to present our concerns to this committee. We are most fortunate to have our distinguished representative from the 5th district of this important subcommittee.

DEPARTMENT OF HUMAN RESOURCES

GUIDELINES FOR MANAGING THE EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) UNDER THE JOBS BILL (P.L. 98-8)

Introduction

On March 24, 1983, Congress passed and the President signed into law Public Law 98-8, usually referred to as the "Jobs Bill". A total of $100,000,000 has been appropriated to the Federal Emergency Management Agency (FEMA) for emergency food and shelter assistance to relieve human suffering caused by the economic recession. Half of this ($50 million) will be allocated to private non-profit agencies and organizations throughout the nation from Washington by a national board composed of Representatives of the following: The United Way of America, the Salvation Army, the Council of Churches, the National Conference of Catholic Charities, the Council of Jewish Federations, Inc., the American Red Cross, the Federal Emergency Management Agency (FEMA). The other $50 million has been allocated to states for distribution to local public or private non-profit agencies and organizations. Georgia's share of this $50 million is $1,400,670. All of this, except one percent for auditing, will be allocated to localities for emergency food and shelter. The Georgia Department of Human Resources (DHR) has been designated by Governor Harris to administer these funds.

The funds for emergency food and shelter allocated to Georgia localities by the National Board are as follows:

Counties	Amounts
Chattooga	$ 12,136.05
DeKalb and Fulton	324,970.57
Lincoln	4,070.68
McDuffie	13,521.08
Polk	18,191.39
Taliaferro	1,004.98
Warren	4,096.03

Purpose

Funds are to be used to meet emergency food and shelter needs of unemployed and underemployed persons whose income is inadequate to meet these two basic needs. These are emergency, short term funds not meant to take the place of ongoing programs to deal with housing and food needs such as Food Stamps. These funds must be spent by September 30, 1983.

Eligible Program Costs

1. Purchase of food for group feeding
2. Supplies incidental to group feeding such as utensils, pots, pans and other supplies.
3. Costs associated with group shelter, such as pads, cots, blankets, etc.
4. Emergency lodging costs in the most economical facilities (May include boarding houses, motels, hotels, etc.)
5. Payment of rent or mortgage payments to persons in their own homes in emergencies to avoid eviction or foreclosure in communities where the contract agency has an existing program of housing assistance to persons in their own homes
6. Provision of emergency food assistance to persons in their own homes in communities where the contract agency has an existing program of food assistance to persons in their own homes.
7. These funds may be used for food and shelter for abused women and children (staff costs are not allowable expenditures).

Since these are funds to meet emergency food and shelter needs, there is a 30 day time limit on food and housing assistance to individuals in their own home or for purchase of shelter. Food assistance with these funds should stop when persons are approved for food stamps. Rental assistance or mortgage assistance is limited to a one month's payment. There is no time limit on providing group feeding and shelter services.

Eligible Administrative Costs

Up to 1 percent of a community's allocation may be used by local agencies and organizations for the following administrative costs:

1. Printing of application forms and other records, forms, and printed materials needed to manage and make the program known to those in need
2. Increased operating expenses associated with expanded group feeding or shelter services such as utilities or leasing costs

Unallowable Costs

1. Payment of salaries, travel, or fringe benefits for personnel
2. Costs of budgeting or payroll preparation
3. Any other cost not related to emergency food or shelter

Options for Assisting Individuals and Families by Purchase of Food or Shelter

Responsible agencies and organizations may use either of the following methods to assist persons with food or shelter. (Not applicable to the provision of group food or shelter):

1. Two party check made out to the recipient and to the provider of food or shelter. No more than 99 cents in change may be given when a check is used for purchase of food. When a two party check is used for shelter, it will be written for the exact cost of shelter.
2. Direct billing by food or shelter provider after written authorization.

If the two party check method is chosen, the contract/provider agency should work with the bank with which this special account is established on the design and printing of the two party check. A sample two party check is attached for your information.

FEMA GUIDELINES
Revised September 15, 1983

Agencies and organizations managing food and shelter funds must have a working arrangement with any and all providers from whom they purchase food or shelter. These working arrangements need not be formalized in writing.

Responsibilities of the Department of Human Resources

1. Select a contract agency which will accept, utilize, and distribute emergency food and shelter funds to community agencies and organizations
2. Develop guidelines for use by contract and provider agencies and organizations which deliver emergency food and shelter funds and services to needy persons
3. Make monthly reports to the Regional Office of FEMA
4. Coordinate emergency assistance to localities with the National Board
5. Complete an audit of local programs within 30 days after February 29, 1984.

6. Provide technical assistance to, and liaison with, local contract agencies

Criteria for Selection of Local Contract Agencies

Since Congress has stressed the importance of getting assistance to persons in need as quickly as possible, and since the time allowed for the use of these funds is quite limited, the Department will not use a competitive process or public hearings as a basis for choosing local responsible agencies. Considering the fact that local contract agencies must provide the personnel to provide funds and services and will have no more than 1 percent of the funds for administrative costs, agencies may not agressively seek to administer these funds. Nor is the choice of an agency to receive and serve as a conduit for these funds a critical factor since local boards will select local provider agencies and organizations and have wide discreation regarding who will be assisted. The following conditions must be met by local contract agencies:

1. Is a public or private non-profit agency or organization
2. Must have a voluntary board, an accounting system and practice non-discrimination
3. Must be operating an emergency food and shelter program or has operated a food and shelter program since January 1, 1983
4. Must have personnel available, either paid or volunteer, to staff and manage the funds without the use of these funds for personnel costs which is prohibited by federal law

Other local provider agencies and organizations utilizing these funds must also meet the above requirements with one exception. The requirement for an accounting system may be waived if the contract agency agrees to do the accounting for the provider agency.

The Department will give priority to agencies which now operate in more than one county in order to minimize the costs to the state.

Local Boards

Localities receiving emergency food and shelter funds from the National Board must establish local boards with representatives, to the extent practicable, of the same organizations represented on the national board. Representation on local boards may be much broader than the national board.

In communities receiving funds from the national board, the Department strongly recommends that the Board of the agency with which DHR contracts work closely with the local Board responsible for funds from the National Board to assure close cooperation especially related to eligibility requirements set by the respective Boards.

The DHR contract agency's board may, if it chooses, establish an advisory board to assist with the utilization of emergency food and shelter funds.

Responsiblities of Local Contract Agency Boards

1. Choose local provider agencies and organizations and determine how much money will go to each.

Local Boards are encouraged to utilize any and all organizations and agencies which meet the criteria in order to make emergency services accessible to anyone in need.

2. Establish income eligibility guidelines for who may receive emergency services.

The Department will not set eligibility requirements but will give Local Boards this authority and responsibility. Boards may choose the poverty income guidelines established by the Department of Health and Human Services, the Food Stamp income standards, or any other income standards the Board may choose. Boards may by written policy allow provider agencies to make exceptions to the income guidelines they establish when they find persons in urgent need even though their income may be a little above the income limits. Any such unusual circumstances should be documented in writing. Provider agencies may take declaratory statements from applicants concerning their income or may require them to supply verification of income. The declaratory method is encouraged unless there is reason to believe the applicant may be misrepresenting his income.

3. Represent the public's interest in the use of these funds.

The Board serves as the conscience of the community and acts for the community in meeting the emergency needs of citizens.

The Department encourages local providers, to the extent possible, to provide counseling assistance that will help recipients move toward self-sufficiency.

Responsibilities of Local Contract Agencies

1. Make funds available to community provider agencies and organizations selected by the Board within the service area.

   Contract agencies may also provide emergency services.
2. Complete written agreements with each provider agency (Sample agreement is attached)
3. Maintain financial records to show amounts allocated to each provider. Financial management requirements in the parent contract being amended for purposes of emergency food and shelter assistance will apply to these funds except that supplies and equipment purchased by these funds will remain the property of the provider agency to be used for providing food and shelter. If a provider agency stops providing group food and shelter services, equipment purchased by these funds should be given to organizations which do provide group food and shelter services. The local board will decide on such transfers.
4. Assist each local provider in understanding and complying with state guidelines.
5. Be responsible to DHR for appropriate utilization of emergency food and shelter funds in compliance with guidelines.
6. Make monthly reports to DHR as outlined below.

Records and Reports

1. Money advanced by DHR to contract agencies and by contract agencies to local provider agencies and organizations must be deposited in a bank with Federal Deposit Insurance Corporation (FDIC) insurance coverage and the balance exceeding the FDIC coverage must be collaterally secured.
2. Local recipients of these funds are encouraged to use minority banks.
3. Records must be retained for 3 years. If audits or litigations are pending, records must be retained until the issues are resolved.
4. Each contract agency must submit to DHR a monthly expenditure and service report. Included with this expenditure report should be the (1) number of meals served; (2) number of families and individuals provided food through purchase; (3) number of person days of housing provided (group shelter or purchased); (4) number of families and individuals provided housing assistance through rental and mortgage assistance payments.

The monthly report (form attached) should be mailed by the 15th of the month following the month being reported on. The report by the contract agency should reflect expenditures and services by all local providers within the service area.

Advance of Funds to Contract Agencies and Organizations

DHR will, upon completion of the contract agreement, make the full contract amount of funds available to the contract agency.

Time Limits on Expenditures of Funds

Funds must be obligated and spent by February 28, 1984. Any obligations incurred by provider agencies after February 27, 1984, will be the responsibility of the provider agency or organization.

Any funds advanced to the contract agency for EFSP that have not been expended by February 29, 1984, must be returned to DHR along with the final expenditure/service report.

PROVIDER ORGANIZATION CERTIFICATION

This document certifies our organization meets the requirements of a local recipient/provider organization. It is non-profit, has an accounting system and practices non-discrimination. Furthermore, we certify funds received from ______________________________
Contract Agency
for the provision of emergency food and shelter will be expended in accordance with guidelines established by the Georgia Department of Human Resources for the use of these funds.

____
Organization Name

____
Signature of Authorized Official

____
Date

FORM
DHR-EFSP No. 1

MONTHLY REPORT ON EMERGENCY FOOD AND SHELTER PROGRAM

______________, 1983

1. Expenditures incurred this month $________; to date $___________.

Services for the month of ______________, 1983

2. Number of meals served ______

3. Number of families ______ and individuals ______ provided food through purchase

4. Number of person days of housing provided:

   a. In group shelter ______

   b. Through purchase from hotels, boarding houses, etc. ______

   c. Total person days of shelter provided ______

5. Number of person days of housing/shelter provided through rental or mortgage assistance:

   a. Rental assistance ______

   b. Mortgage assistance ______

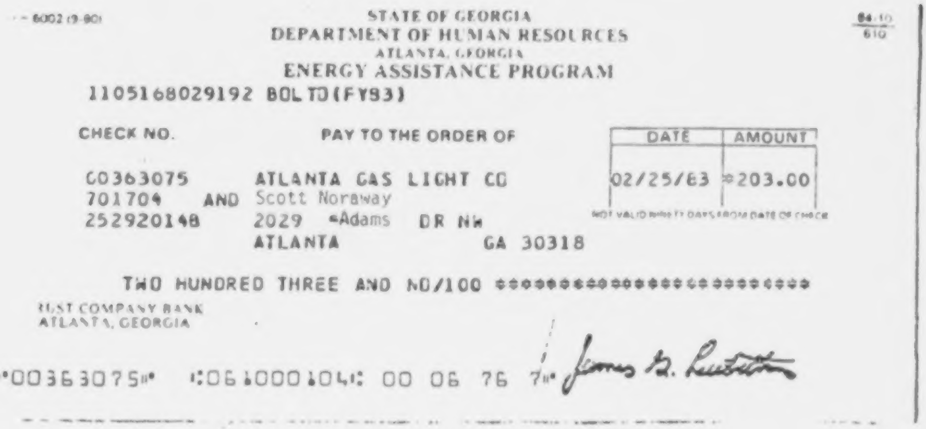
   c. Total ______

Report to be submitted by the contract agency showing total expenditures and services by all local provider agencies and organizations with which the contract agency has an agreement. Report should be mailed by the 15th of the month following the month being reported on to:

George L. Clackum, Director
Office of Community, Intergovernmental
and Public Affairs
47 Trinity Avenue, SW
530 Health Building
Atlanta, Georgia 30334-1202

I, the undersigned, certify that the expenditures reported have been made for program purposes within the EFSP programs guidelines.

____
Signature



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STATE OF GEORGIA
DEPARTMENT OF HUMAN RESOURCES
ATLANTA, GEORGIA
ENERGY ASSISTANCE PROGRAM

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CHECK NO.		PAY TO THE ORDER OF	DATE	AMOUNT
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701704	AND	Scott Noraway		
252920148		2029 *Adams DR NW		
		ATLANTA GA 30318		

NOT VALID NINETY DAYS FROM DATE OF CHECK

TWO HUNDRED THREE AND NO/100 ************************

UST COMPANY BANK
ATLANTA, GEORGIA

James G. Ledbetter

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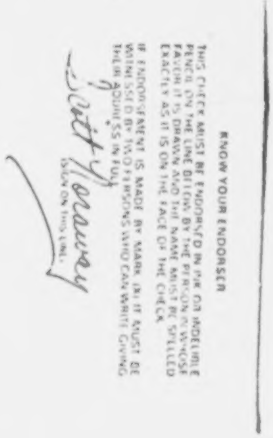

KNOW YOUR ENDORSER

THIS CHECK MUST BE ENDORSED IN INK OR INDELIBLE PENCIL ON THE LINE BELOW BY THE PERSON IN WHOSE FAVOR IT IS DRAWN AND THE NAME MUST BE SPELLED EXACTLY AS IT IS ON THE FACE OF THE CHECK.

IF ENDORSEMENT IS MADE BY MARK (X) IT MUST BE WITNESSED BY TWO PERSONS WHO CAN WRITE GIVING THEIR ADDRESS IN FULL.

Scott Noraway

(SIGN ON THIS LINE)

SAMPLE INCOME GUIDELINES WHICH LOCAL BOARDS MAY CONSIDER

POVERTY INCOME GUIDELINES ESTABLISHED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES FEBRUARY, 1983

FAMILY SIZE	ANNUAL INCOME
1	$4,860
2	6,540
3	8,220
4	9,900
5	11,580
6	13,260
7	14,940
8	16,620

For family units with more than 8 members, add $1,680 for each additional member.

MAXIMUM INCOME FOR FOOD STAMPS

FAMILY SIZE	GROSS ANNUAL INCOME
1	$6,084
2	8,088
3	10,092
4	12,096
5	14,100
6	16,104
7	18,096
8	20,100

Each additional member above 10 add $2,004.

Chairman FORD. We have the chairman of Public Social Policy Committee of the Council of Jewish Federations, Mr. Donald Robinson, accompanied by one of the bright superstars of the guild, the executive director of the Washington Action Office, Council of Jewish Federations. I would like to say before I recognize all the other witnesses, but let me call them first. Rev. Joanna Adams, Atlanta, Ga., board member of the Christian Council of Metro Atlanta; Mr. Bill Bolling, Atlanta, Ga., Atlanta Community Food Bank, and Howard Weisband, one of my constituents in Memphis, Tenn., who is executive director of the Jewish Federation of Memphis.

Howard, come on down. I have one of my constituents here.

Mr. FOWLER. I am very impressed.

Chairman FORD. Mark, I hate to embarrass you like this, but being elected to Congress in 1974, being one of the 12 who were selected for the Kennedy School of Government at Harvard in the freshman class, served 4 years in the State house of representatives and after making a mark in the crash course in the legislative politics of the Congress of the United States, I want you to know that this was the first person to brief me within a 7- or 8-day period, and it has paid off, Mark, and I am very grateful for it.

At this time, the Chair will recognize Mr. Donald Robinson.

STATEMENT OF DONALD ROBINSON, CHAIRMAN, PUBLIC SOCIAL POLICY COMMITTEE, COUNCIL OF JEWISH FEDERATIONS, INC., ACCOMPANIED BY MARK TALISMAN, DIRECTOR

Mr. ROBINSON. Mr. Chairman, I am Donald Robinson, and I am pleased to be here in my capacity as chairman of the Council of Jewish Federations' Public Social Policy Committee. With me is Mark Talisman, director of the CJF Washington Action Office.

Before I present my statement, I would like to thank you and Congressman Fowler on behalf of CJF for the opportunity to participate in this hearing on issues about which we are deeply concerned.

The Council of Jewish Federations is a national organization representing over 200 local federations in communities across the country. These federations and their affiliated social service agencies are dedicated to providing quality care and services to people in need.

For the past 2 years we have been hearing increasingly alarming reports from local Jewish federations and agencies about growing service needs in our communities, especially in the areas of housing, employment, and emergency food and shelter. Case loads in Jewish family and children's agencies and Jewish vocational services have risen faster than many agencies can accommodate, resulting in waiting lists and a heightened sense of frustration and despair.

You will hear testimony from a few Jewish federations and national Jewish service organizations this morning. They will give you the specific data from the studies conducted in various communities. For my part, I would like to read a resolution that is before the full delegate body to our general assembly which is meeting simultaneously to this hearing. I believe that by the time we have concluded, this resolution will have been adopted and made a formal policy statement of the CJF. It reads as follows:

RESOLUTION ON UNEMPLOYMENT, POVERTY AND HOUSING

Although there has been improvement in the economic situation, high unemployment persists. The Department of Labor estimates project that 10 million people will continue to be unemployed. Jews, like other groups, are among the unemployed.

The percentage of the population in poverty is at the highest level in four decades; and the severe cutbacks in human services in the past two years have resulted in a resurgence of hunger and homelessness, extending into the Jewish community.

Federally sponsored programs to house the elderly as well as low and moderate income families have been severely reduced during the past three years. The demand for reasonably priced housing, particularly in our urban areas, far exceeds the available supply. Five to 10-year waiting lists for subsidized housing are not uncommon; consequently, many on fixed incomes find themselves without a place to live.

Jews and Jewish agencies bear witness to the human costs of this deplorable situation. Our agencies are now serving segments of communities who have previously been self-sufficient.

Beyond the economic hurt lie the personal and family breakdowns that are the products of unemployment and inflation. Violence and suicide are on the increase. "Latch-key children" are becoming commonplace. These phenomena are not limited to large cities, nor to any single part of the country. Family morale cannot be sustained over long periods in the face of these difficulties. Moreover, the connection of these families with the Jewish community becomes weakened as they begin to cut back their ties in the face of economic hardship—giving up membership in synagogues, enrollment in day schools, etc.

In response to this situation, Federations and their agencies are instituting special programs—food banks, special job-finding efforts, emergency loans, retraining efforts, emergency shelter programs.

We call upon all Federations to make careful assessments of their needs. Fact-gathering about unemployment and poverty, as well as the housing needs of agency clients is imperative at this time. Where evidence confirms this to be significant, Federations should give high priority to an appropriate response.

But it is clear to all that the dimensions of the problems of chronic unemployment, inflation, poverty and hunger are too great to be handled by the voluntary sector. This assembly is on record repeatedly with its affirmations of the vital importance of the role of government in the field of housing and human services. Together with other like-minded citizen groups, we must make clear to the leadership of this country that we reject the notion of the government as adversary to the needs of the people. A responsive and compassionate government, concerned with the welfare of its citizenry, is the highest expression of our country's democratic traditions.

Mr. Chairman, we are committed to doing all we can to alleviate the suffering of those in need, and will continue to search for ways to do more.

Finally, I would like to mention the Federal emergency food and shelter program that Mark will speak about. CJF is proud to be a major participant in this program. It is the best example of a partnership between the public and private sectors.

Thank you very much.

Mr. **FOWLER**. Thank you, Mr. Robinson, very much.

Mr. **TALISMAN**. Mr. Chairman.

Mr. **FOWLER**. Yes, Mr. Talisman.

Mr. **TALISMAN**. First of all, I want to thank you for your high degree of compassion evidenced by your holding this hearing, and also for your staff's assistance in making it possible. I know the discomfort you had to go through to be here. I think the people should know it is not as easy a life as some people want to believe it is; a 2 o'clock plane in the morning, then hold hearings and then rush back.

This is a burning subject for all of us, and I am here as a board member of the National Emergency Food and Shelter Board. There are seven such agencies, as you know. Enso Bighinatti happens to be in the room. He is the assistant to the president of Red Cross and a colleague on that board with me. The National Red Cross, the National Conference of Catholic Charities, United Way of America, Salvation Army, and the National Council of Churches are all with us on that board.

It was established, as you well know because you supported it, in the jobs bill. It passed twice. The first time it was dropped in conference even though both sides passed it. It emerged again in the spring to be passed in March 1983. Alan Jensen, on behalf of your subcommittee, was absolutely instrumental in its creation during very sensitive discussions internally. The effort was to demonstrate the efficacy of private voluntary agencies being able to do what we all believed we could do, deliver services at low-cost overhead directly to people who need to be served.

There is a two-track program because of what the House and Senate decided to do. Fifty million dollars were voted by the House for the voluntary sector program. Then the Senate provided an additional $50 million which you all agreed to in conference for State distribution through the Governors, so it was a total of $100 million on a two-track basis.

I would disagree with Mr. Saucier, who indicated no need to have a two-track system. I happen to believe strongly, having served on the national board, that that two-track system provided a flexibility whereby everyone's needs could be met. The one difficulty that exists is that people unfortunately believe this emergency program of feeding and shelter to be a poverty program. It is not. It is meant for emergency services only. Even with this limitation on a national basis, the per capita expenditure for emergency services over 4 months was $8.35. That is all that could be provided.

Now let me just graphically describe our frustration on the national board level. It was best summed up in a description by the Council of Churches of Northern Ohio, who sent us the following description: Having the FEMA money—the Federal Emergency Management Administration—was the difference between having three bags of groceries over 2 months for a family of four that was served in northern Ohio, as opposed to two bags of groceries over 3 months without the FEMA money. So I do not want anyone to ever believe that the frustration we were dealing with as national board members under this emergency shelter and feeding program was any great shakes. What it did demonstrate was the enormous need that exists.

We provided—you, the Congress—provided the agencies with the ability across the country to provide 33 million meals thus far in addition to what was being served and 2.2 million nights of lodging. And you have just passed an additional $40 million to get us over the winter, not $50 million, but $40 million.

And I have to tell you that I was the one, when the Speaker asked and when Senator Baker asked—this was a totally bipartisan effort with leadership from your subcommittee particularly and you two gentlemen—I was the one that was not sure if it was going to work, and I have been the one along with my colleagues on the board that has been waiting to see, to demonstrate to you in a very important and clearcut way, that the program is worth continuing, but—and this is the big but—this is an emergency program. We were foresworn not to make it a permanent program, contrary to the desires of Governors' representatives and everyone else, but what we will need your help desperately come spring when the next phase of this emergency temporary program ends. We must have a national program, maybe under your sponsorship, where all the forces that have been working, and it is an engine, a voluntary effort out there, that is enormous, be brought to Washington to discuss permanent solutions to replace what are now temporary bandaids.

Because if anyone believes that this Federal Emergency Management Agency-administered program is a permanent solution, they have got another think coming. Let me tell you some of the frustrations.

The kind of capital investment that needs to be expended, the dollars in capital equipment for both feeding and shelter and the kind of capital development for permanent solutions to housing and counseling to keep people from having to come back to these shelters, the need is so enormous that it is delusory for anyone to think that this kind of temporary program even scratches the surface.

Those forces that are out there that are so marvelous——

Mr. FOWLER. What kind of capital equipment are you talking about?

Mr. TALISMAN. We are talking about everything from major kitchen equipment that needs to be installed, to major, major, major housing renovation. For example, New York State could have absorbed the $50 million in one neighborhood just to provide the housing that they need for overnight emergency, and they wanted it and they were very angry with us and they asked for rulings from our board nationally and we refused to give a ruling. How do you decide the following: Pharmaceuticals, people could not ingest the emergency food we were giving across the country including your hometown of Memphis where we got a request, without people having the pharmaceuticals they need, and under our rules, we could not give pharmaceuticals, money for pharmaceuticals, because this was not an emergency medical program. It was a terrible problem for us, to make these choices as to who is going to eat and who is not.

We did make one exception. In Cleveland County, Miss., they asked for an exception from the board. They said we are growing our own food, we do not need the money for food. We need a generator to keep the refrigeration on this battleax of a mobile feeding unit, a truck, so we can get the food out to the rural area where they need it—capital equipment. We allowed them to have the compressor. We are big deals, you know, we are sitting on national boards. We were weeping over the kinds of decisions we had to make.

That is not America. Right now in our storehouses in America, we have enough surplus food to fill a continuous train of boxcars

800 miles long and it is still sitting there and now we are getting reports on the rotting of the food—rotting of the food. That is not what America is all about. We need permanent solutions to these major dilemmas.

Just so you know what engine you started running. I mean in the Jewish tradition, we have been community-minded with our governments for 3,500 years out of necessity, not out of desire, as you call it. Some Russian Czars were not so nice to us and we had to do our own. In this case, 3,600 agencies across the country were grant recipients through the voluntary half of this national program of $100 million, that is, $50 million on the private side; 3,600 agencies, 961 separate civil jurisdictions.

And just so you know without being crass and crude, but you should know this. In your county, Mr. Fowler, the Atlanta City itself was the recipient of $164,000 and Atlanta balance of county, Dekalb, and Fulton, was $160,000 through the private agencies with governmental assistance.

And in your county, Mr. Chairman, Shelby, the city of Memphis itself was $268,600 and the balance of Shelby County was $25,000 and there was a difference, we did not give it to everyone. This was an emergency program. We had to take the statistics from the Labor Department over a year's time, massage all the computer runs which are lousy at the Labor Department, to reach the proper effect. They are terrible at Labor Department, they are false figures. That is the one true thing we found. We had to rework their statistics to get at the heart of the nature of the emergency in unemployment. Not in poverty, even though I would like to make this a poverty program, but the immediate emergency problems, so that all counties did not get it, six counties in Georgia got it. And we knew the other $50 million would go to the rest of the counties.

United Way deserves very special plaudits. They took on a secretariat role for no money. They used thousands of human hours of time pro bono to support the system, and I will close by simply saying: No. 1, we need your help to determine a permanent solution. Do not delude anyone into believing this, even though it was a marvelous program, this is not the answer. Second, I want to insert in the record at this point, because you will be the only one to have these statistics, all of the county breakdowns across the country of every local area's allocations by dollar. And if you wish to have the addresses of each of your local recipients, we would like you to have them, just to say thanks to the local mom and pop churches that were serving chicken and mashed potatoes in the middle of the night.

Chairman FORD. I would like to have a copy.

Mr. TALISMAN. And the second one is the allocation of each of the agencies themselves, the 3,600 agencies, in this computer printout so that at least the American public can see what kind of enormous effort went on in partnership between Government and the private sector.

Let me just add one final note, just to show you how crazy we were about making sure everything was administered properly. We asked for audits before they were asked for by you. We want everyone to audit everything, but the mom and pop churches that have been serving a lot of food that you know about because you have been to those kinds of churches, do not really have public accountant firms and they do not really like those kinds of relationships. We even went to the point on the National Board of allowing them to come under the umbrella of another accounting system of a larger entity in the same city to make sure that they would get their money, too.

I am sorry to take so much time, but our national agencies have spent a whole lot of time along with the Federal Emergency Management Agency. I have got to tell you we chose FEMA to administer the program because it had emergency in its name and I do not think I have to tell you that if we went to HHS we would still be talking about regulations with all the deregulation going on.

The final thing is that the States, with their $50 million, as I understand it, have yet to administer and actually get out somewhere around $30 million of the $50 million, it is not out yet.

Thank you.

Chairman **Ford**. Thank you very much. Without objection all the material will be made a part of the record.

[Material has been retained in subcommittee files.]

Chairman **Ford**. At this time, the Chair will recognize the Reverend Joanna Adams of Atlanta, Georgia, board member of the Christian Council of Metropolitan Atlanta.

Mr. **Fowler**. What it does not say, Mr. Chairman, is this is my pastor. She is the pastor of Central Presbyterian Church in Atlanta. We welcome you, Joanna.

STATEMENT OF REV. JOANNA ADAMS, BOARD MEMBER, CHRISTIAN COUNCIL OF METROPOLITAN ATLANTA

Reverend **Adams**. Thank you, Wyche. Mr. Chairman, I hope you will pray for me.

Chairman **Ford**. Let us pray. [Laughter.]

Reverend **Adams**. I am delighted to be here as a representative of the Christian Council of Metropolitan Atlanta and also as a pastor in the central city setting. In both roles I see the devastating pictures of suffering that are all over our city these days. I am particularly aware of the needs of the homeless people in our city because I serve as chairperson of the Atlanta area task force on homelessness, which is a coalition of religious leaders, Government leaders, and business leaders who come together to try to figure out what on Earth we are going to do about those between 3,000 and 3,500 street people who live on the sidewalks and behind the dumpsters of the city of Atlanta.

We have a night shelter at our church, Central Presbyterian, which is right across from the State Capitol, that has been in operation for 3 years, and in the last 3 years 61,200 people have spent the night on the floor of our gymnasium and eaten a sandwich and drunk a cup of hot tea. Somehow—you will have to forgive me because I might get to preaching from time to time—but that just does not seem right.

Chairman **Ford**. Being a southerner, I can appreciate that. Any time that you feel you have to do that, go right ahead. [Laughter.]

Reverend **Adams**. I appreciate that, Mr. Chairman.

It is clear that the homeless population is on the increase in the Atlanta area. All you have to do is walk down Peachtree Street in the front of the Regency Hyatt or Ivey right behind us, and you will see our fellow citizens who have no place to be. Not only are there homeless single people, there are more and more homeless families.

Of 63 agencies recently surveyed by United Way, the agencies have spent $2,500,000 just in the first 6 months of this year with emergency assistance, which is an increase of over 8 percent.

As I mentioned, we estimate that there are probably 3,500 people a day in Atlanta who are homeless and that implies that they are without shelter and food, not to mention the fact that they do not have all sorts of other things, including a place to go to the bathroom, which is a real concern of mine.

Research Atlanta, by the way, is doing a detailed study of Atlanta's homeless population and that should be out around Christmas time.

The people that I see are people who are ineligible for government assistance in most cases, because they are people who do not live anywhere. One surprising phenomenon that occurred at our church when we opened our night shelter is we gave people a ticket and stamped it with Central Presbyterian Church on the ticket and they could get in the next night, and within a week we were flooded with mail. People who do not live anywhere, do not have any place that they can receive mail, they have no permanent address, they do not have identification, they are just excluded.

The religious community, as far as I know, in Atlanta, are about the only folks who are trying to provide for their basic needs. In the city of Atlanta, only the religious community is providing emergency shelter and food. We now have 26-night shelters in churches. These are churches all over the Atlanta area, they are not just downtown churches. They send buses or vans or something to town and take these folks out to the suburbs to house them. The soup kitchens and the shelters are essentially the programs that were developed by the religious community, and I think that is a very different model from what happens in other cities.

The problem is that the situation is so critical and so massive that the religious community alone cannot meet the need. So far no State or county funds are spent for these people.

Let me say I have much more that I would like to share with your committee, it is in written testimony that I am submitting to you, but I want to just raise two questions if I may. The statistics are in my testimony. The questions are these, and I think they are questions that all Americans must ask themselves. And that is, do people who live in the United States of America have a right to food and shelter, is that a privilege or is that a right? And I think the jury is still out on that one, at least in the 1980's. We need to make some sort of decision about that which will say a great deal about the moral fiber and caliber of our society. The second question I raise is one that I cannot answer, it is one that keeps me awake at night. I worry that the, shall we say, the success of the religious community's response to the most poor among us, and in a way you can say it has been successful. Three years ago there were 2 shelters, now there are close to 30. Three years ago there were 2 soup kitchens, now there are dozens. That is success in a way.

But I wonder if we are, by our acts of compassion on behalf of the religious community, if we are letting the American society as a whole off a moral hook by our charity. Are we keeping justice from being done? And I do not know the answer to that but I worry about it all the time.

Thank you, Mr. Chairman.

Chairman FORD. Thank you, Reverend Adams.

[The prepared statement follows:]

STATEMENT OF REV. JOANNA ADAMS, PASTOR, CENTRAL PRESBYTERIAN CHURCH, AND BOARD MEMBER, CHRISTIAN COUNCIL OF METROPOLITAN ATLANTA

First of all, let me say how glad I am to be able to share with this subcommittee. I am certain that you will not have to look far for the information you are seeking—the needs are glaring all of us in the face. It is clear that the homeless population is on the increase in the Atlanta area. A walk down Peachtree or Ponce de Leon gives evidence of this increasing transient population in the central urban area while the Decatur and Roswell areas are centers of increasing numbers of homeless families. Of sixty three agencies recently surveyed by United Way a total of $4,217,996 was used in the 8 county area for emergency assistance in 1982. Thus far those same agencies have spent $2,468,417 in the first six months of 1983—an increase of at least 8 percent.

Continued high rates of unemployment are swelling the ranks of those who need emergency food assistance. Atlanta's "new poor" are the unemployed, the refugee, and those who have come from rural or small towns looking for work. 34.4 million American poor are just getting poorer and hungrier while child nutrition programs, the food stamp program, and unemployment compensation are cut or remain at inadequate levels to meet emergency needs. 64,634 families make less than $7,500 a year in Fulton County and a total of 297,000 families have income of less than $5,000 a year. Recently, the U.S. Conference of Mayors, having surveyed 55 cities, overwhelmingly suggest that food is identified as the most needed emergency service-hunger in America—hunger in Atlanta is on the rise. According to the most recent United Way Survey of 63 local emergency assistance agencies, the number one priority category of emergency assistance is food. If unemployment remains at current levels we have before us an ever increasing mass of unsheltered humanity walking the streets of Atlanta. Our conviction is that the right to food is just that a right—we have no other alternative but to see that it is supplied.

There are an estimated 3,000–3,500 people a day in this city who are homeless (without food and shelter). This estimate is based on:

(a) a survey conducted by Research Atlanta. While this survey is incomplete at this time, they feel, with current data, that 3,000 is an absolute minimum number for this city.

(b) it has been documented by studies in other metropolitan areas (New York, Chicago, Baltimore, Houston, and Washington) that from ½–1 percent of their cities' population is homeless. If this is true an estimated 3,500 is a consistent number.[1]

These homeless are ineligible for government assistance given that most of them obviously do not have permanent addresses or proper identification. They have been totally excluded from government assistance thus far due to eligibility requirements. The homeless in Atlanta, and nationally, are without food and shelter for a variety of reasons: unemployment, alcoholism, drug abuse, mental illness, runaway youth, evictions, foreclosures, battered women, and those who have lived on the streets for most of their lives.

The problem is massive and cannot be met by churches alone; the cost of providing shelter, good, and staff for shelters and food programs is just too big for the church community and for private agencies which receive insufficient funding. Emergency assistance funds from the federal government were allocated in April 1983 through the Jobs Bill Program. From April through September 30th funds in the amount of $324,970 were spent by Fulton County, Dekalb County, and the city of Atlanta through various agencies. This was a one shot program; funds have long since been spent with the winter months approaching and no promise of further funding. In 1982 only 6 of the 63 agencies surveyed by United Way received federal funding while three received state funds. In 1983 things are only slightly improved—now 9 agencies receive federal funding and seven state funding. Over $3 million dollars is coming directly from private contributions, foundations, clergy funds or local government.

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[1] New York City had a 100 percent increase in two years time and by January 1983 were providing shelter for 18,000 a night costing the city $135 million a year.

The response of non-profit groups—principally churches, has been incredible in the Atlanta area. Currently, there are 26 night shelters which can house approximately 1,000 people a night. This leaves 2,000-2,500 on the street each night. The majority of these night shelters are open during the winter months only (December-March). Neither city, state, or county provide shelter or feeding programs in the Metropolitan area. Currently there is only one day shelter open which can accommodate 150-200 people a day; there is no other place in the city for the homeless to go after the shelters close at 6:30 a.m. Within the Metropolitan area, which includes the 8 surrounding counties, 63 agencies gave free shelter to 92,471 persons in 1982 and already 75,638 persons in the first six months of 1983. (These numbers reflect totals, not separate persons.)

There are only two places in Atlanta where the homeless can take a shower (40-50 showers are available per day at the Open Door Community and the Day Labor Center). Obviously, clean clothes and a decent presentation for employment opportunities are dismal.

Employment opportunities, however, are slim given that there are only three non-profit places in Atlanta where the homeless can go for job training and/or job placement (Atlanta Action Alliance, Samaritan House, and St. Luke's Episcopal Church). Most of the homeless, especially men, spend a good portion of their day waiting for a job in the traditional for-profit labor pools. When and if the homeless get work from a labor pool, their profit is small after paying for their transportation to and from work and the labor pools take their cut. Again, the most recent United Way Survey of 63 agencies shows that unemployment and underemployment are the top causes of client need for emergency assistance.

Accessible, free health services for the homeless are practically nonexistent. There is one clinic (Techwood Baptist Center) that is open one night a week; and some medical assistance is also given at Central Presbyterian Church. The other traditional place for the homeless to receive health care is Grady Hospital which requires a Grady Card and charges a nominal fee of $.50. For all 63 agencies surveyed by United Way a total of $6,350 in 1982 was given in direct medical assistance (including inkind contributions) to clients in need of emergency assistance. $50,659 was given for the year 1982 to 1,179 people in prescription drug assistance.

Fourteen emergency help centers, in addition to the Salvation Army, Open Door, Samaritan House, St. Vincent de Paul and Union Mission have some semblance of a clothes closet. However, there is still a need for warm clothing for women, children and thinner men. There is never a sufficient number of coats, boots, gloves, underclothing, or socks. Decent comfortable shoes without holes are extremely scarce. Sorting, sizing, collecting, and displaying clothes is a gigantic task—way to much for the volunteer help which is available. Collection is the major problem. Thus far in 1983, 9,602 persons have received clothing from the major agencies in the Atlanta area.

Direct client assistance to those who are not yet the homeless is also increasing in demand. Assistance in rent and utilities, particularly, is essential to keep those presently housed off the streets. The Christian Council alone receives sporadic funding for this assistance from Metro businesses. These monies, whether $3,000 or $20,000, come at unpredictable times and are committed within the week. United Way data indicates that a total of 12,595 clients were given utility assistance in 1982 at a cost of approximately $490,000. Already, 14,392 persons have been given utility assistance in the first six months of 1983 at a cost of $1,389,975. At this point, even after seeking information from Atlanta Gas and Light, we do not know how many Atlantans are without gas or electricity. Utility needs are just some of the unmet needs—often times bills are so high by the time it is cold enough again to get the heat on that the little one agency can offer to one family is insufficient to get the gas back on. Given the fact that it is impossible for a family of three to live on the $202 welfare benefits, families are forced to go "agency shopping" looking for subsidies month to month in order to keep up the rent or other basic needs. The money received by local agencies is just a trickle of what is needed to shore up those in such need.

Assistance in housing constantly runs up against insufficient program monies. At this point in Atlanta, the waiting list for public housing is three months or longer and over a year for Section 8 housing—if, indeed, one can get a landlord to accept it United Way data again gives us insight into the depth of emergency housing need.

In 1982 a total of 12 agencies gave mortgage assistance to 6,068 clients and already have given aid to 4,141 clients in the first half of 1983. Rent assistance has totalled $224,426 in the same period of 1983.

Given the enormity of the taks before us, it seems inconceivable that the churches or other private agencies can tough it alone. While it certainly falls under the pervue of the church to meet human needs through various programs, it is impossible for them to maintain financial stability through voluntary contributions alone. It is the strong conviction of those who work for people that all people have a right to basic food, clothing, and shelter. Providing this is not an option of the charitable but a responsibility of the community to protect the dignity of each person.

Increased allocation of federal resources to human need is of critical significance. If the federal government continues to ignore social policy needs in favor of increased defense spending our poor, huddled masses will continue to fill the streets of Atlanta and every other major city.

(The information presented in this testimony is a collaborative effort of the Christian Council of Metropolitan Atlanta. Special thanks goes to United Way staff for sharing data from a questionnaire which was recently tabulated entitled: "An Assessment of Emergency Assistance in the Atlanta Region.")

Chairman FORD. Mr. Bill Bolling.

STATEMENT OF BILL BOLLING, EXECUTIVE DIRECTOR, ATLANTA COMMUNITY FOOD BANK

Mr. BOLLING. Thank you for this opportunity to share. I appreciate your commitment to be here, I think we are probably stating the obvious to you, but I appreciate you listening.

In the interest of time, the first part of my written testimony I think builds my case and the case has already been built. Yesterday, in testifying before the Presidential Task Force on Hunger, the question was asked: How could we prove that people who stand in line half an hour or an hour at soup kitchens were really hungry. I do not think I am going to get asked that question today, so I will not try to answer that part of the way some people think.

One of the things I am aware of quite often is we have not documented, at least in the private sector, in food banks, soup kitchens, and shelters, who the poor are and why they are coming to ask for help.

In 1983, a study by the Center on Budget and Policy Priorities in cooperation with Second Harvest revealed a dramatic increase in the number of people who came to soup kitchens and food pantries between February 1982 and February 1983. More than half of the 181 food programs surveyed reported that the number of free meals or food baskets they provided increased by more than 50 percent. Nearly one-third of these programs doubled in size during that 1-year period. In Atlanta, the number of agencies the Food Bank serves has increased from 179 in 1982 to 275, a 54 percent increase. I have that study available and I think that is useful documentation.

Another study, done by Food Research and Action Center, of 1,023 responses, in answering who are the men, and women, and children who come to church pantries and community groups asking for help, indicates 62 percent of those requesting assistance were already receiving food stamps, the other 38 percent, half had applied for food stamps and been denied. Despite food stamp assistance, these persons were having to resort to emergency measures. The study indicates that 76.5 percent of the food stamp recipients run out of stamps in the second and third week. Again, I think that states the obvious, that food stamps are not enough.

What does this mean to the local community? The number of agencies that the Food Bank serves has grown by 54 percent and the amount of food that we distribute has almost doubled for the past 2 years. That represents a creative and sometimes heroic effort by many individuals, churches, synagogues, and community groups, but it is not enough. Many of the agencies which participate in the Food Bank have to actually turn people away each day.

I think a good example of the budget cuts and how it has affected the local community is that Atlanta Regional Commission estimated that the first round of budget cuts in Atlanta, there has been several rounds since then, affected the local metropolitan area by cuts of $60 million. The local business community, in an effort to respond to that cut, raised over $500,000, but that was not enough, as generous as that was, to respond to those cuts.

The increased needs as well as cuts in programs funding many times pit the same type of programs against each other for funding, and more than one time this year I have gone to committees or boards asking for money and it was like a reunion, all of us were there for the same meager resources. There is not enough to go around at this time from the private sector.

I agree with Mr. Robinson about not looking to emergency programs to respond to situations that continually exist and possibly to answer Joanna's question. I think the issue is whether responding to human need is an option of charity or an obligation of justice. The issue is whether the community as a whole, operating through the State, has an obligation of justice or whether people in need are to be made dependent on the charitable inclinations of kind neighbors. I believe it is unjust to make large groups of people depend for the necessities of life on the unstable and passing impulses of private individuals rather than the common responsibility of the community to which they belong.

In closing, I would like to make some suggestions instead of again just stating the problem.

With the long-range view in mind, I would suggest that we continue to invest in proven programs, such as the food stamp program, child nutrition programs, programs to help the elderly so that they do not have to choose whether to heat their home or feed themselves. And I know personally people that are having to make that choice today.

Be creative and realistic in helping community-based nonprofit organizations distribute commodities. We have distributed five rounds of commodities in the Atlanta area and we have received no reimbursement for our out-of-pocket expenses.

Develop an ongoing way, an organization or a program, to study nutrition, hunger, agriculture, and health issues as it relates to food. Again, nobody seems to know how this is affecting our community, our children, in the future.

Encourage local farming and distribution. Small farms are vanishing at an alarming, dangerous rate, with impact also on local employment.

Offer greater incentives for individuals as well as companies and corporations to give, especially in areas such as national Good Samaritan law, trucking donations, warehousing, credit to farmers, especially small farmers. In the Senate, Senator Danforth in

Senate bill 1826 has offered a bill to address some of these concerns. I have a copy of that if you would like it.

Look at the causes of poverty, the widening gap between the haves and the have-nots in our community, as a way to understand and respond to the issue of hunger.

Recently the President said, in setting up the Presidential Task Force on Hunger:

> If even one child is forced to go to bed hungry at night, or if one senior citizen is denied the dignity of proper nutrition, that is a national tragedy. We are too generous a people to allow that to happen.

I would convey to you that there are millions of us who are living this tragedy daily and I think the question before us is not how much it costs to adequately feed the hungry, but what is the cost to our country, to our community, our children if we do not do it.

Thank you.

Chairman FORD. Thank you very much.

[The prepared statement follows:]

STATEMENT OF BILL BOLLING, EXECUTIVE DIRECTOR, ATLANTA COMMUNITY FOOD BANK

Chairman Ford and members of this hearing, my name is Bill Bolling and I am Executive Director of the Atlanta Community Food Bank. In addition I sit on the Board of Second Harvest National Food Bank Network, Atlanta Alliance for Human Services, The Homeless Task Force of Atlanta, and the Episcopal Charities Foundation. I am also Director of Community Ministries at St. Luke's Episcopal Church in Atlanta where I directed the community kitchen for six years.

I am here today to speak to the issue of budget cuts, especially as it relates to the issue of feeding the hungry in our own community. It is estimated that nationally the number of homeless people has tripled in the past three years to over two million people. In Atlanta alone we have over 3,000 homeless, with a significant increase occurring in the number of women and children.

According to the census bureau, the number of Americans with incomes below the poverty level in 1977 was 24.7 million. In 1982 it was 34.4 million, 15 percent of our population. Just in the past two years the number has grown by six million, and the number of near poor has grown over one million to 11.9 million. The number of poor living in Georgia is 900,000. 600,000 of these are children. 125,000 are elderly, disabled and handicapped. 297,000 families have incomes of less than $5,000 per year.

Infant mortality is a reliable indicator for measuring the seriousness of malnutrition and poor health conditions in communities. Georgia ranks second in the nation in the number of infant deaths with an infant mortality rate of 13.4 percent.

According to the census bureau, nearly one in ten households received food stamps in 1982. The average value was $990 or $19.000 per week. One in four Black households received food stamps, as did one in five Hispanic and one in three households headed by women. In past years when poverty rates increased there were increases in the participation rates for non-cash benefit programs, but that did not happen in 1982.

Hunger in America is related to increased inflation and high unemployment, but also to cutbacks in established federal food programs which came at a time when these programs were most needed. As a result, local charities and church groups—the kind of agencies and programs that food banks serve—have been unable to meet the demands of the needy in our community.

There have been several studies completed on the increased participation in emergency food programs. In May 1983 a study by the Center on Budget and Policy Priorities in cooperation with Second Harvest revealed a dramatic increase in the number of people who came to soup kitchens and food pantries between February 1982 and February 1983. More than half of the 181 food programs surveyed reported that the number of free meals or food baskets they provided increased by more than 50 percent. Nearly one-third of these programs doubled in size during that one-year period. In Atlanta, the number of agencies the Food Bank serves has increased from 179 in 1982 to over 275 today, an increase of 54 percent. In the past three years the number of community kitchens in Atlanta has increased from three to 14 today. The number of food pantries in Atlanta has increased most dramatically.

Who are the men, women, and children who come to church pantries? In a recent study done by Food Research and Action Center, 1023 responses indicated that 62 percent of those requesting assistance were already receiving food stamps. Of the other 38 percent, half had applied but had been denied. Despite food stamp assistance, these persons are compelled to resort to emergency measures primarily because the stamps do not last the entire month. The study indicates 76.5 percent of the food stamp recipients run out of stamps in the second or third week. This story is repeated over and over again in Atlanta. In a recent meeting with the Agency Advisory Council of the Atlanta Community Food Bank, the most important issue and the thing that was asked for most was more food. The message is clear. There are many individuals and families that don't have enough to eat.

What does this mean to the local community? The number of agencies that the Food Bank serves has grown by 54 percent and the amount of food that we distribute has almost doubled for the past two years. This represents a creative and sometimes heroic effort by many individuals, churches, synagogues and community groups. But it's not enough. Many of the agencies which participate in the Food Bank have to actually turn people away each day. It has been difficult for many of the private-sector programs, whether they be churches, community groups or even local government programs, to find the resources to maintain their services. A good example of this on the city level is an effort made by the local business community to respond to the first budget cuts (there have been several rounds of cuts since then). It was estimated by Atlanta Regional Commission that the Atlanta metro-area suffered about $60 million total cuts to all programs. The local effort raised $500,000. This was a great effort and our local community was very generous, but it fell far short of taking the place of the cuts.

The increased needs as well as cuts in program funding many times pit the same type of program against each other for meager resources. Of course the local community could do more and the religious community should and could do more. But the federal government, with its ability to tax and its responsibility to care for the general welfare of all its people, must do more. I can think of no better investment than feeding people. It pays for itself many times over in lower mortality rates for children, in healthier children who can learn more quickly, in adults who can work harder and in more creative ways, and in the dignity of our elderly who should not be required to choose between buying food and heating their homes.

The issue is whether responding to human need is an option of charity or an obligation of justice. The issue is whether the community as a whole, operating through the state, has an obligation of justice or whether people in need are to be made dependent on the charitable inclinations of kind neighbors. I believe it is unjust to make large groups of people depend for the necessities of life on the unstable and passing impulses of private individuals rather than the common responsibility of the community to which they belong.

With this long-range thought in view, I would suggest some general directions for us to follow:

1. Invest in a proven program, the foot stamp program. This program has done more than other government effort in recent years to reduce hunger and malnutrition.
2. Invest in child nutrition programs. Expand the school breakfast program, make summer lunches available to more low-income children, improve school lunch programs and encourage participation in WIC.
3. Helping the elderly, who so often suffer the most when trying to live on a fixed income. I personally know many elderly people who must make decisions between food and heat.
4. Be creative and realistic in helping community-based non-profit organizations distribute commodities. In the long-run, this will save the government much money.
5. Develop an on-going way, an organization or program, to study nutrition, hunger, agriculture and health issues related to food. As you may have already found, no one, including the government, knows how many people are hungry and what the long-range costs are to our nation.
6. Encourage local farming and distribution. Small farms are vanishing at an alarming rate, with impact also on local employment. The reason that 20% of the food grown in this country is thrown away and that there is even a need for food banks rests in part on the demise of the small farm and distribution of locally grown food.

7. Offer greater incentives for individuals as well as companies and corporations to give, especially in areas such a national Good Samaritan law, trucking donations, warehousing and credit to farmers, especially small farms, for donations of food.

8. Look at the causes of poverty—the widening gap between the haves and have nots in our community—as a way to understand and respond to hunger.

I am aware that the Administration is again in the process of a radical revision of food stamp rules. The justification is to save money. Let me quote from the President. "If even one child is forced to go to bed hungry at night, or if one senior citizen is denied the dignity of proper nutrition, that is a national tragedy. We are too generous a people to allow that to happen." Chairman Ford and members of this hearing, I would convey to you that there are millions of us who are living this tragedy daily. The question before us is not how much it cost to adequately feed the hungry, but what is the cost to our country, to our communities, to our children if we do not.

Mr. FORD. Mr. Weisband.

STATEMENT OF HOWARD WEISBAND, EXECUTIVE DIRECTOR, JEWISH FEDERATION OF MEMPHIS, TENN.

Mr. WEISBAND. Congressman Ford, Congressman Fowler, I want to also thank you for being here this morning, and I want to indicate to you my pleasure and honor in being asked to testify before this subcommittee.

I am so honored because of the importance of the subject matter, obviously, and second, because of the feelings that we have in Memphis for Congressman Ford and your sensitivity to the human needs of our community and of our people in this country. It is a fine relationship that we enjoy with the Congressman and we look forward to a continuation of that.

Chairman FORD. I hope there is some Memphis press around here.

Mr. WEISBAND. The need has already been very well indicated. I would like to, in a brief, concise manner, hopefully, speak for a few moments this morning from the management perspective of this program.

Let me quote first from the original operating principles for the emergency food and shelter national board program. They are as follows:

One, fast response; two, allocations to neediest areas; three, public and private sector cooperation; four, minimum but accountable reporting; and, five, local decisionmaking.

I submit to you that the efforts of the local board, our experience in Memphis and the work of Memphis' public and private volunteer agencies impressively met each of these guiding principles.

Let me share for a moment some specific figures. We in Memphis, in Shelby County, allocated a total of $294,661 for the following: 196,623 meals; 114,145 nights of lodging and an additional 254,800 infant feedings.

Delineation amongst various agencies that received these funds and provided these services will be submitted into the record later.

[The following was subsequently received:]

Public Law 98-8.—Emergency food and shelter national board program; third local board report

Agency	*Total award for this agency*
Memphis City, TN:	
The Family Link, 1207 Peabody, Box 40437, Memphis, TN 38174	$2,718.00
Jewish Family Service, 6360 Poplar, Memphis, TN 38138	5,000.00

Agency	*Total award for this agency*
Memphis Food Bank/MIFA, 3146 Noorbrook Drive, Memphis, TN 38116	$106,345.66
Metropolitan Inter-Faith Assn., P.O. Box 3130, Memphis, TN 38173	100,000.00
The Salvation Army, 200 Monroe Avenue, Memphis, TN 38103	54,745.00
Total award	268,808.66
Shelby County, TN:	
Fund For Needy School Children, 1466 Harbert, Memphis, TN 38104	23,302.00
Total award	$23,302.00

9/30/83

PUBLIC LAW 98-8
EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM
** THIRD LOCAL BOARD REPORT **

SUBMIT ONE COMPLETED COPY OF THIS
FORM WITH ALL REQUIRED PVO
DOCUMENTATION BY OCTOBER 31, 1983
TO THE:
EMERGENCY FOOD AND SHELTER
NATIONAL BOARD
UNITED WAY PLAZA
ALEXANDRIA, VA 22314-2088

YOU ARE RESPONSIBLE FOR SECURING
EACH PVO'S FINANCIAL DOCUMENTATION
AND REVIEWING FOR QUALITY.

JURISDICTION - MEMPHIS CITY, TN

LOCAL CHAIR PERSON - MARY LOU CHAMBERS
ADDRESS - 400 UNION AVENUE
P.O. BOX 3350
MEMPHIS, TN 38103

TELEPHONE - 901 527-5680
[illegible] - $350,000.00

Mary Lou Chambers 11-26-83
BOARD CHAIRMAN SIGNATURE DATE

DATE APPROVED - 5/26/83

EXPENDITURES THROUGH SEPTEMBER 30, 1983
(THIS REPORT IS CUMULATIVE--REPORT EVERYTHING SPENT AND ACCOMPLISHED FROM THE BEGINNING, INCLUDING WHAT WAS REPORTED PREVIOUSLY.)

1

[illegible], EXEC. DIRECTOR
1287 PEABODY
BOX 40437
MEMPHIS, TN
38174-0437

(A) TOTAL AWARD FOR THIS AGENCY	(B) TOTAL INTEREST INCOME EARNED	(C) TOTAL AVAILABLE FOR PROGRAM (A + B)	(D) AMOUNT RETURNED TO NATIONAL BOARD	NET EXPENDITURES & ENCUMBERANCES (C LESS D)
$2,718.00	$ 23.95	$ 2,741.95	$ -0-	$ 2,741.95

AMOUNT (INCLUDED IN ACTUAL EXPENDITURES AT RIGHT FOR EQUIPMENT AND SUPPLIES) $ [illegible]

	FOOD: AMOUNT FOR FOOD	FOOD: NUMBER OF MEALS SERVED*	SHELTER: AMOUNT FOR SHELTER	SHELTER: NUMBER OF NIGHTS LODGING*	ADMINISTRATIVE COSTS INCURRED	TOTAL
ACTUAL EXPENDITURES	$ 1,688.95	# 1,126	$ 800	# 563	$ 53 **	$ 2,551.95
ENCUMBERED FUNDS	$ -0-	# -0-	$ 190	# 132	$ -0- ***	$ 190
TOTAL	$ 1,688.95	# 1,126	$ 990	# 695	$ 53	$ 2,741.95

2

[illegible], EXEC. DIRECTOR
[illegible]
3560 POPLAR
MEMPHIS, TN
38138

(A) TOTAL AWARD FOR THIS AGENCY	(B) TOTAL INTEREST INCOME EARNED	(C) TOTAL AVAILABLE FOR PROGRAM (A + B)	(D) AMOUNT RETURNED TO NATIONAL BOARD	NET EXPENDITURES & ENCUMBERANCES (C LESS D)
$5,000.00	$ -0-	$ 5,000	$ -0-	$ 5,000

AMOUNT (INCLUDED IN ACTUAL EXPENDITURES AT RIGHT FOR EQUIPMENT AND SUPPLIES) $ -0-

	FOOD: AMOUNT FOR FOOD	FOOD: NUMBER OF MEALS SERVED*	SHELTER: AMOUNT FOR SHELTER	SHELTER: NUMBER OF NIGHTS LODGING*	ADMINISTRATIVE COSTS INCURRED	TOTAL
ACTUAL EXPENDITURES	$ 1,897.34	# 3,612	$ 3,102.66	# 1,198	$ -0- **	$ 5,000
ENCUMBERED FUNDS	$ -0-	# -0-	$ -0-	# -0-	$ -0- ***	$
TOTAL	$ 1,897.34	# 3,612	$ 3,102.66	# 1,198	$ -0-	$ 5,000

09/30/83
I.D.# 812
MEMPHIS CITY, TN

PUBLIC LAW 98-8
EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM
** THIRD LOCAL BOARD REPORT **

	(A) TOTAL AWARD FOR THIS AGENCY	(B) TOTAL INTEREST INCOME EARNED	(C) TOTAL AVAILABLE FOR PROGRAM (A + B)	(D) AMOUNT RETURNED TO NATIONAL BOARD	NET EXPENDITURES & ENCUMBERANCES (C LESS D)
[illegible] EXEC. DIRECTOR [illegible] MEMPHIS, TN 38116	$106,345.66	$ -0-	$ 106,345.66	$ -0-	$106,345.66

AMOUNT(INCLUDED IN ACTUAL EXPENDITURES AT RIGHT FOR EQUIPMENT AND SUPPLIES)		FOOD AMOUNT FOR FOOD	FOOD NUMBER OF MEALS SERVED*	SHELTER AMOUNT FOR SHELTER	SHELTER NUMBER OF NIGHTS LODGING*	ADMINISTRATIVE COSTS INCURRED	TOTAL
	ACTUAL EXPENDITURES	$ 76,842.63	# 241,294	$ -0-	# -0-	$ -0- **	$ 76,842.63
	ENCUMBERED FUNDS	$ 29,503.03	# 30,000	$ -0-	# -0-	$ -0- ***	$ 29,503.03
	TOTAL	$106,345.66	# 271,294	$ -0-	# -0-	$ -0-	$ 106,345.66

	(A) TOTAL AWARD FOR THIS AGENCY	(B) TOTAL INTEREST INCOME EARNED	(C) TOTAL AVAILABLE FOR PROGRAM (A + B)	(D) AMOUNT RETURNED TO NATIONAL BOARD	NET EXPENDITURES & ENCUMBERANCES (C LESS D)
[illegible] EXEC. DIRECTOR [illegible] INTER-FAITH ASSN. [illegible] MEMPHIS, TN 39173-0130	$100,000.00	$ -0-	$ 100,000	$ -0-	$ 100,000

AMOUNT(INCLUDED IN ACTUAL EXPENDITURES AT RIGHT FOR EQUIPMENT AND SUPPLIES)		FOOD AMOUNT FOR FOOD	FOOD NUMBER OF MEALS SERVED*	SHELTER AMOUNT FOR SHELTER	SHELTER NUMBER OF NIGHTS LODGING*	ADMINISTRATIVE COSTS INCURRED	TOTAL
	ACTUAL EXPENDITURES	$ -0-	# -0-	$ 100,000	# 62,775	$ -0- **	$ 100,000
	ENCUMBERED FUNDS	$	#	$ -0-	# -0-	$ -0- ***	$ -0-
	TOTAL	$	#	$ 100,000	# 62,775	$ -0-	$ 100,000

	(A) TOTAL AWARD FOR THIS AGENCY	(B) TOTAL INTEREST INCOME EARNED	(C) TOTAL AVAILABLE FOR PROGRAM (A + B)	(D) AMOUNT RETURNED TO NATIONAL BOARD	NET EXPENDITURES & ENCUMBERANCES (C LESS D)
[illegible] EXEC. DIRECTOR [illegible] MEMPHIS, TN 38103	$54,745.00	$ 526.15	$ 55,271.15	$ -0-	$ 55,271.15

AMOUNT(INCLUDED IN ACTUAL EXPENDITURES AT RIGHT FOR EQUIPMENT AND SUPPLIES)		FOOD AMOUNT FOR FOOD	FOOD NUMBER OF MEALS SERVED*	SHELTER AMOUNT FOR SHELTER	SHELTER NUMBER OF NIGHTS LODGING*	ADMINISTRATIVE COSTS INCURRED	TOTAL
	ACTUAL EXPENDITURES	$ 30,558.73	# 20,591	$ 24,601.27	# 49,477	$ 111.15 **	$ 55,271.15
$ 5,492.01	ENCUMBERED FUNDS	$ -0-	# -0-	$ -0-	# -0-	$ -0- ***	$
	TOTAL	$ 30,558.73	# 20,591	$ 24,601.27	# 49,477	$ 111.15	$ 55,271.15

* ESTIMATE # OF MEALS FOR GROCERY [illegible]

09/30/83
I.D.# 812
MEMPHIS CITY, TN

Memphis Total

PUBLIC LAW 98-8
EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM
** THIRD LOCAL BOARD REPORT **

(A) TOTAL AWARD FOR THIS JURISDICTION	(B) TOTAL INTEREST INCOME EARNED	(C) TOTAL AVAILABLE FOR PROGRAM (A + B)	(D) AMOUNT RETURNED TO NATIONAL BOARD	NET EXPENDITURES & ENCUMBRANCES (C LESS D)
$268,808.66	$ 550.10	$ 269,358.76	$ -0-	$ 269,358.76

AMOUNT(INCLUDED IN ACTUAL EXPENDITURES AT RIGHT FOR EQUIPMENT AND SUPPLIES)		FOOD AMOUNT FOR FOOD	FOOD NUMBER OF MEALS SERVED*	SHELTER AMOUNT FOR SHELTER	SHELTER NUMBER OF NIGHTS LODGING*	ADMINISTRATIVE COSTS INCURRED		TOTAL
	ACTUAL EXPENDITURES	$ 110,987.65	# 166,623	$ 128,513.93	# 114,013	$ 164.15	**	$ 239,665.73
	ENCUMBERED FUNDS	$ 29,503.03	# 30,000	$ 190	# [illegible]	$ -0-	***	$ 29,693.03
	TOTAL	$ 140,[illegible].68	# 196,623	$ 128,703.93	# 114,143	$ 164.15		$ 269,358.76

* ESTIMATE # OF MEALS PER GROCERY ORDER OR VOUCHER IF NOT SERVED DIRECTLY AND # OF NIGHTS PER PERSON PER RENT/MORTGAGE

9/30/83

PUBLIC LAW 98-8
EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM
** THIRD LOCAL BOARD REPORT **

SUBMIT ONE COMPLETED COPY OF THIS
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DOCUMENTATION BY OCTOBER 31, 1983
TO THE:
EMERGENCY FOOD AND SHELTER
NATIONAL BOARD
UNITED WAY PLAZA
ALEXANDRIA, VA 22314-2088

YOU ARE RESPONSIBLE FOR SECURING
EACH PVO'S FINANCIAL DOCUMENTATION
AND REVIEWING FOR QUALITY.

JURISDICTION - [illegible]
LOCAL CHAIR PERSON - [illegible]
ADDRESS - 480 UNION AVENUE
P. O. BOX 3350
MEMPHIS, TN 38103

TELEPHONE - [illegible]
$ AWARDED - [illegible]

BOARD CHAIRMAN SIGNATURE
DATE 2-21-83

DATE APPROVED - 6/22/83

EXPENDITURES THROUGH SEPTEMBER 30, 1983
(THIS REPORT IS CUMULATIVE--REPORT EVERYTHING SPENT AND ACCOMPLISHED FROM THE BEGINNING, INCLUDING WHAT WAS REPORTED PREVIOUSLY.)

[illegible]	(A) [illegible]	(B) TOTAL INTEREST INCOME EARNED	(C) TOTAL AVAILABLE FOR PROGRAM (A + B)	(D) AMOUNT RETURNED TO NATIONAL BOARD	NET EXPENDITURES & ENCUMBERANCES (C LESS D)
[illegible] 1966 HARBERT MEMPHIS, TN 38104	$25,302.42	$ -0-	$ 25,302.42	$ -0-	$ 25,302.42

AMOUNT(INCLUDED IN ACTUAL EXPENDITURES AT RIGHT FOR EQUIPMENT AND SUPPLIES)		FOOD: AMOUNT FOR FOOD	FOOD: NUMBER OF MEALS SERVED*	SHELTER: AMOUNT FOR SHELTER	SHELTER: NUMBER OF NIGHTS LODGING*	ADMINISTRATIVE COSTS INCURRED	TOTAL
	ACTUAL EXPENDITURES	$ 25,302.42	$ 254,800	$ -0-	$ -0-	$ -0- **	$ 25,302.42
$	ENCUMBERED FUNDS	$ -0-	$ -0-	$ -0-	$ -0-	$ -0- ***	$ -0-
	TOTAL	$ 25,302.42	$ 254,800	$ -0-	$ -0-	$ -0-	$ 25,302.42

* ESTIMATE # OF MEALS PER GROCERY ORDER OR VOUCHER IF NOT [illegible] DIRECTLY [illegible] NIGHTS PER [illegible] FOR RENT/MORTGAGE

Only 80% of funds requested

Paula Wade
Press-Scimitar Staff Writer

7-20-83

Social service agencies have requested only 80 percent of more than $414,000 in federal money scheduled to be awarded tomorrow to help emergency food and shelter programs in Shelby County.

Five local agencies submitted their requests for the Jobs Bill funds before yesterday's application deadline, but Linda Roach, assistant county director for the state Department of Human Services, said any requests filed before tomorrow morning's selection meeting will be considered.

"It's not that they couldn't use all the money," she said. "I think the reason (the five agencies) didn't request more money was because of the limitation on the amount that could be spent on administrative costs. They probably looked at how much they could handle . . . without adding an extra person to administer it."

The Shelby County Community Services Agency, the Salvation Army, the Metropolitan Inter-Faith Association, Jewish Family Services, and the MIFA Food Bank applied for $331,971 of the grant. Their applications will be considered tomorrow morning by a committee of city and county officials and representatives of local charities.

Roach explained that Human Services requires that no more than 1 percent of the grant amount may be spent on administrative costs of the agency. If an agency spends more than 1 percent of its award on administration, the agency would have to reimburse the state, Roach said.

"That rule was made because they wanted it to go to supplement programs that are already in place so the money could go directly to the people and not into administration of a new program."

Roach said the committee may be able to give the agencies more money than they asked for since there is more than enough to go around.

MIFA, which provides food through its food bank to area distribution centers, also coordinates social services provided by local churches and synagogues.

Tennessee received a little more than $1 million in Jobs Bill funds targeted for emergency food and shelter for the needy. Shelby County's share was the largest in the state.

Emergency housing grant backed

Paula Wade
Press-Scimitar Staff Writer

7-21-83

Part of a $414,000 federal grant to Shelby County may go to a new program designed to help low income people find temporary housing and avoid eviction.

A committee of local social service providers today recommended that the Metropolitan Inter-Faith Association receive $46,359 to help operate ten emergency temporary shelters for homeless families in Memphis.

Under the proposal, MIFA would lease, at $1 each, at least ten houses that have been foreclosed upon by the Department of Housing and Urban Development. The houses, would be repaired by the city's Housing and Community Development Division at a cost of up to $5,000 apiece.

Families who have lost their homes and who are being helped by a local social service agency would be eligible for the program, said Gid H. Smith, executive director of MIFA. Smith said he is hoping to get help from local agencies, churches and government to repair, maintain and furnish the houses.

The committee also approved money for programs designed to help keep people from losing their homes.

Families who are unable to pay their house note or rent because of unemployment can receive enough money to pay one month's housing bill from another MIFA program, which was recommended for $80,800. A similar rent and mortgage payment program operated by the Shelby County Community Serrvices Agency was recommended for $34,946.

The committee recommended . $110,611 allocation to MIFA's food bank, which provides food boxes for hungry families. The Salvation Army was allotted $51,225 to help operate its emergency shelters, which house about 44 men per night.

Jewish Family Service, which provides counseling and helps poor families find food and shelter, was given an $8,000 grant.

The committee, which met this morning to allocate money from the Jobs Bill grant, approved a total of $331,971 for the five local agencies. The remainder of the grant, which totals nearly $80,000, will be allocated later.

Mr. **Weisband**. The reality, though, is that we met a very real human need on a most cost-efficient basis. Our local board has requested and mirrored the National Board. The United Way of Greater Memphis was included.

In addition, the Memphis Jewish Federation, which I represent; the Memphis Catholic Diocese; the Salvation Army of Memphis; the Red Cross of Memphis; the Memphis Interfaith Association; Shelby County government and Memphis City government were included.

My remarks this morning are on behalf of that entire local board. The local cooperation and coordination, the partnership, which Mark spoke of, was a very real part of the process and it was developed and it became a part of our own community fiber.

It was, in fact, a high point in addition to meeting those human needs out there for us as professionals and volunteers in Memphis, Tenn. The interagency cooperation was phenomenal.

Two very quick examples: We have developed as a direct result of this process coordination with the Shelby County Community Services Agency and the private voluntary sector, an improved area of cooperation that frankly had not existed before and is continuing.

Second, a very unique and exciting program, a pilot program nationally, was begun as a result of the availability of these moneys.

MIFA, the Memphis Interfaith Association, and HUD, Department of Housing and Urban Development, coordinated their efforts and cooperated in the renovation of 10 foreclosed houses in Memphis for emergency shelter purposes, a unique pilot program that has received national attention.

In short, the linkages that were formed promise to continue throughout the city and throughout the county in Tennessee. I might add that the press coverage of the efforts and the dollars for this purpose received excellent press coverage and that press coverage will also be submitted into the record.

Perhaps though, there was a greater more tangible sign of our success in the utilization of these moneys—and I must say publicly that as others have said—we only touched the tip of the iceberg in terms of what these dollars have been able to do in Memphis.

That sign of our success was a decision by the State to also allow the local board, our local board, to allocate the emergency food and shelter assistance that was administered by the State of Tennessee. They felt the confidence in our coalition that had been developed as a result of these moneys.

Let me offer into the record four short specific recommendations that came out of our process.

One, shelter and mortgage assistance should be allowed for a 3-month period rather than being limited to a 1-month period. Obviously, people faced with eviction have almost always fallen more than 1 month behind at that moment.

Two, the ease of operating the program and the lack of bureaucracy is frankly extraordinary and that process should, therefore, be continued.

Three, there is a greater need for this program in the period of November through March than for the period of July through December for which the funds were only available.

Four, some provision should be made for credit counseling, retraining, job finding, resume writing, interviewing skills training, and et cetera for both the chronic and new unemployed.

Finally, I urge continuation and we at the local board urge continuation of the emergency food and shelter program because of the unique and positive level of interagency cooperation in the public sector and the private voluntary sector brought about as a direct result of this program and also, I urge continuation of the emergency food and shelter program because I can state firmly on behalf of our local experience that that human need does exist in serious dimensions.

Thank you.

Chairman Ford. Thank you, Mr. Weisband.

Mark.

Mr. Talisman. Mr. Chairman, I just want to insert for the record the statement of the American Jewish Committee, a very interesting study.

Chairman Ford. Without objection, it will be made a part of the record.

Mr. Fowler. Mr. Chairman, there are many, many questions and comments and dialog I would like to enter into with these people who have already done so much work for our community, your community, the national community in this area.

But we are going to have to go to Washington in 25 minutes. 15 votes on very large areas, including this one, are awaiting us, so I just cannot take the time and would rather move on with our people. That is the only way I know to do.

Mr. Weisband. Thank you very much.

Chairman Ford. The next panel on social services for families and children: Rev. Timothy McDonald of Ebenezer Baptist Church, chairman of the Public Assistance Coalition; Ms. Sandra Robertson, the director of the Georgia Citizens Coalition on Hunger; Mrs. Lucy Vance, chairperson of the Advocacy Committee, Child Services and Family Counseling Center; Ms. Diana Silverman, vice president for services, Jewish Family Services of Atlanta.

Mr. Fowler. Mr. Chairman, if I may here, since these are all Atlantans, wade in a little bit and thank you for being here. Please, if you can summarize your testimony and get to the heart of the matter that should be brought to our attention.

Also, I would like to add that all of your statements will be inserted in the record.

Chairman Ford. I would like to add that two members of the panel 4, there are only two witnesses, two had to leave. We will get Mr. John Greenberg, president of the National Association of Jewish Vocational Services; and Michael Mitchell from Chicago Jewish Federation. We would like to have you join the panel at this time. That will take panel 3 and 4.

While the two witnesses are coming, I would just like to state that at times, there is a tendency for the Congress persons from higher income States to say if the people in the Southern States will not help their own people, if they refuse to help their own people with adequate welfare benefits, then why should my State pay a higher percentage of the AFDC and medicaid costs for the Southern States?

I am here with this great Congressman from this area, and I think I just have to say it for the record, because I have heard him say it so eloquently in the Congress, Wyche Fowler.

I guess about 2 years ago, when I took over as chairperson of the Public Assistance Committee, I also heard this person put it before my colleagues and it was him who turned the Committee on Ways and Means around as he said:

> You are not going to hurt the politicians in the Southern States by reducing Federal funds for welfare in the South, you are going to hurt the poor people, and that is not right, and it does not make sense.

And I would like to commend my colleague on the Public Assistance Subcommittee and the full Committee on Ways and Means for being in the forefront when we see those who live in housing conditions that are unfit for human habitation, that we would have a spokesperson who is dedicated and sincere in moving in the forefront of poverty in this country.

At this time the Chair will recognize Reverend McDonald.

STATEMENT OF REV. TIMOTHY McDONALD, EBENEZER BAPTIST CHURCH AND CHAIRMAN OF PUBLIC ASSISTANCE COALITION, ATLANTA, GA.

Reverend McDONALD. Thank you, Chairman Ford and Congressman Fowler, and I will be brief. I will summarize as best as I can.

I would start out by stating that Georgia is a State that has an average per person income of $8,062 per year. There are more than 298,295 households in our State which receive less than $5,000 a year. This is 15.6 percent of all the households in Georgia.

There are more than 881,780 individuals who live in poverty in our State. Many of those who are most affected by such poverty are innocent little children. For example, there are more than 200,000 children in Georgia who receive benefits from the aid to families with dependent children program.

In the past 2 years, we have witnessed a tremendous amount of time, energy and resources and money directed toward the needs of the poor in our community.

A statewide HEAT program has been initiated, many churches have opened their doors to feed and shelter the masses, corporations and businesses have come together to find ways to address the problems of the poor. Everyone that we can imagine has been giving their all.

However, with all of the efforts and moneys, we have not even begun to scratch the surface of the problem. Requests for food and shelter have increased in some agencies by more than 200 percent. Probably the least actual increase in the last 2 years is 150 percent.

Our children are having to go without well-balanced meals, which the school lunch program provided. Many of our senior citizens are not able to purchase very needed medicine with the cutbacks. The handicapped are finding it more and more difficult to acquire transportation and we are discovering and experiencing a new breed of poor in our State.

We are having to deal with people who have never received any kind of subsidy in their entire lives. The new poor has no idea where the services are or what services are even available.

We are observing college graduates who are working at menial jobs and who are in competition with unskilled laborers. Our State has a workfare program under CWEP that penalizes welfare mothers and displaces workers. The evidence clearly demonstrates that the problems are compounded now. Instead of getting better for the poor, things are obviously getting worse.

It is apparent to those of us who work in behalf of the poor that we are experiencing a budget shift rather than budget cuts. Just last year, Fulton County passed a local option sales tax.

In the upcoming general assembly, 1984, a proposal is being introduced for a statewide sales tax. This would mean that our taxes will have increased by 50 percent in 2 years. The ones who are penalized the most are the ones who can least afford it, the poor. The problems are even worse as we get out into some of the rural areas of our State.

The Public Assistance Coalition has been primarily concerned with AFDC, now we are also concerned with AFDC-UP, unemployed parents, due to the fact that so many fathers are having to leave their families in order for their children to receive any aid at all. There are too many disincentives toward work built into the AFDC program which discourages mothers from seeking employment.

I honestly feel that America has the resources and the skills necessary to put America back to work. I feel that we can have a strong military defense and take care of the needs of our poor at the same time.

It is not a matter of money, it is a matter of priority. With all that we have, we can put our priorities in the right direction.

Thank you so much.

Chairman **Ford**. Thank you.

Mr. **Fowler** Thank you.

[The prepared statement follows:]

STATEMENT OF REV. TIMOTHY McDONALD, GEORGIA PUBLIC ASSISTANCE COALITION

To Chairman Ford and other members of this distinguished committee, I sincerely commend you for your willingness to honestly address the challenges confronting the poor in this country. I represent the Georgia Public Assistance Coalition, which is composed of more than fifteen local and statewide organizations and agencies who have been monitoring the effects of Budget Cuts upon the poor. I come before you this morning to express some concerns that may not reach the Halls of Congress with the kind of forcefulness that many of us would like.

Georgia is a state with an average per person income of $8,062 per year. There are more than 298,295 households in our state which receive less than $5,000 per year. This is 15.6 percent of all the households in Georgia. There are more than 881,780 individuals who live in poverty in our state. Many of those who are most effected by such poverty are innocent little children. For example, there are more than 200,000 children in Georgia who receive benefits from Aid To Families With Dependent Children.

In the past 2 years we have witnessed a tremendous amount of time, energy, Resources, and money directed towards the needs of the poor. A Statewide HEAT program has been instituted, many churches have opened their doors to feed and shelter the masses, corporations and businesses have come together to find ways to address the problems of the poor. Everyone that we can image has been giving their all. However, with all of the efforts and monies, we have not begin to scratch the surface of the problem. Request for food and shelter has increased in some agencies more than 200 percent. Probably the least actual increase in the last two years is 150 percent. Our children are having to go without well balanced meals, which the School Lunch Program provided. Many senior citizens are not able to purchase very needed medicine; the handicapped are finding it more and more difficult to acquire transportation; and we are discovering and experiencing a new breed of the poor. We are having to deal with people who have never received any kind of subsidy in their entire lives. This "New Poor" has no idea where the services are, or what services are available. We are observing College Graduates who are working at menial labor, and who are in competition with unskilled workers. Our state has a Workfare Program under CWEP that penalizes Welfare Mothers and displaces workers. The evidence clearly demonstrates that the problems are compounded now. Instead of getting better, for the poor, things are obviously getting worst.

It is apparent to those of us who work in behalf of the poor, that we are experiencing Budget Shifts, and not Budget Cuts. Just last year, Fulton County passed a local option sales tax. In the upcoming Georgia Assembly, a proposal is being introduced for a state Sales Tax. This would mean that our taxes will have increased by 50 percent in two years. The ones who are penalized the most are the ones who can least afford it. The problems are even worst as we get out into some of the rural areas of Georgia.

The Public Assistance Coalition has been primarily concerned with AFDC, now we are also concerned with AFDC-UP, due to the fact that so many fathers are having to leave their families in order for their children to receive any aid at all. There are disincentives towards work built into the AFDC program which discourage people from working.

I honestly feel that America has the resources and the skills necessary to put America back to work. I feel that we can have a strong Military Defense and take care of the poor at the same time. It is not a matter of money, it is a matter of priority. With all that we have, we can do it!

Chairman **Ford**. Ms. Robertson.

STATEMENT OF SANDRA ROBERTSON, DIRECTOR, GEORGIA CITIZENS COALITION ON HUNGER, ATLANTA, GA.

Ms. **Robertson**. Thank you.

I want to begin by thanking you for the opportunity to be with you this morning and a special thanks to Congressman Fowler and his Atlanta office for the support they have given us in the work that we do around the State in attempting to have impact on the conditions of hunger and poverty in our State.

I, too, am going to be very brief in light of your tight schedule. In fact, I have timed my speech and it is going to be 5 minutes and 15 seconds. I will try to make it even shorter than that.

There are four areas of concern that I am going to raise today. I have about 150 areas of concern that I would like to at some point in time share with you over the next several months.

There is just so much going on in our country and in our State that many of us who are in this business of advocacy and organizing around issues are bombarded with just a number of concerns.

The first area of concern, however, is the inequities that exist in Georgia's welfare system. Reverend McDonald made mention of it. Georgia does not provide assistance to households where the natural father and mother are together but are unable to meet the financial needs of their families.

These families are often forced to separate from each other in order to feed and house their children. If they should decide to stay together, they will in fact have to do without the basic essentials. Georgia has not adopted the unemployed parents program.

On the other hand, if you are single, childless and poor, living in the State of Georgia, you too are not eligible for welfare assistance in this State. Georgia does not have a general assistance program for households without children. As a result, we have a growing number of broken families and street people.

The second area of concern is that of a new budgeting procedure for determining eligibility for the AFDC program—families with dependent children program—and the food stamp program. This procedure is called monthly reporting and retrospective budgeting.

As a result of legislation in the Reconciliation Act of 1981, States are required to implement this new budgeting procedure. Millions of AFDC and food stamp recipients around the country have been cut off of these programs as a result of their failure to fill out the complicated forms requested of them every month, or perhaps making an error on the form.

Failure to return these forms on time and without error results in an automatic removal from these programs. This new procedure also keeps deserving families from receiving immediate help when they need it and seems to delight in seeing how long hungry people can last before assistance is finally provided.

The system also operates under the false assumption that poor people are less honest than others, therefore, there is a need to check up on them frequently.

It is our belief that the monthly reporting and retrospective budgeting system should be scrapped nationwide. However, at minimum, States should be given an option not to participate.

Georgia's Department of Human Resources has indicated that it will not participate if this option is given, and I think there is a bill that is in delay but should come up again, the Moody bill, which our good Congressman from Atlanta has supported.

We hope that you will do whatever you can to influence in this area to make this an option for States.

The third area of concern that I would like to raise is concerning the community work experience program. Again, Reverend McDonald mentioned this. This program is also known across this country as workfare and has been operating in Georgia as a pilot project for 1 year.

The effort has been a miserable failure, not only in this State but in every other State across the Nation that has tried it. In our State, we have spent over $200,000 to force 121 welfare recipients to work off their welfare benefits.

The CWEP participants perform jobs usually done by regular workers and were basically mop and bucket job assignments, providing no new skills and enhancing the workers in no way for the job market.

Workfare is slave labor, it is not working and it is not fair. We need jobs and relevant job training programs that move people into better economic environments.

Workfare helps to establish a permanent underclass in this country and it uses the poor to displace other workers. Workfare says to the poor, your labors are of no value to society, therefore, we do not have to pay you and we do not even have to insure that you have enough food to eat or housing. To this, I say even slavery did a better job.

The fourth concern that I would like to raise is concerning the growing awareness that we have of the increasing numbers of people falling into poverty. These numbers have drastically increased in the last 2 or 3 years.

More than 6 million Americans have fallen below the poverty line since 1981. Home foreclosures have doubled since 1980 and 4 million rental households in the Nation are in danger of losing their shelter today.

Unemployment is still very high, but underemployment is an increasingly more serious problem. Many workers can no longer afford to pay for food, utility bills, or their rent and these are the working poor.

The emergency assistance centers are overflowing with requests that cannot be met. More and more families are just doing without.

In this State, 900,000 people live below poverty; 600,000 of them are children and at least 125,000 are elderly, disabled, and handicapped. In this State, 297,000 families have incomes less than $5,000 a year.

Though unemployment appears to be lower in this State, again I want to reiterate that Georgia, perhaps more than any other State, suffers severely from underemployment.

Four babies die every day in the State of Georgia before their first birthday, while another 21 are born underweight and at risk of death or handicapping conditions. These conditions are directly related to poverty, poor diet, and poor health delivery systems. Georgia ranks 49th in infant mortality, with 50th being the worst ranking.

I hope that the testimony at this hearing today will move all of you and I am sure that, knowing the two of you the way that I do, you will be moved to speak out and to do something about the conditions that we see existing in our State and across the country.

I thank you for the opportunity and good luck in your endeavors.

Chairman **Ford**. Thank you very much, Ms. Robertson.

Ms. Robertson, you mentioned one bill, the monthly reporting and retrospective accounting option. I would just like for the record to reflect that we reported that bill out of the subcommittee 2 weeks ago and it is now before the full Committee of Ways and Means.

Ms. **Robertson**. Good.

[The prepared statement follows:]

STATEMENT OF SANDRA ROBERTSON, DIRECTOR, GEORGIA CITIZENS COALITION ON HUNGER

My name is Sandra Robertson, I am the Executive Director of the Georgia Citizens' Coalition on Hunger. The Coalition is a private, non-profit organization created to impact the conditions of hunger, malnutrition and poverty in the state of Georgia. We are financially supported by our membership, the church community and private foundations.

I have been invited to give my impressions of the conditions of poverty that exist in communities around this state. I bring to you my impressions and supportive data that indicate that a crisis is eminent.

I cringe at the thought of having to report that hunger, malnutrition, and what appears to be an insensitive government, prevail in this state as it does in so many others across this country. It is true that a poor economy and high unemployment has added fuel to what was already a bad situation for the 16.5 percent of Georgia's population that lives below poverty. However, severe cuts in service programs to children and their families have created a dilemma for entire communities across the state. The negative impact may never be fully measured because so many of these families are falling between the cracks and are being forgotten in the name of economic recovery.

I want to share with you some of the more recent cracks in the human service delivery system created as a result of the Reconciliation Act of 1981.

There is a direct correlation between the $77 billion increase in the military budget and an almost equivalent decrease in human service dollars. This translates into millions of dollars lost for human services in the state of Georgia. A state that has historically had a very poor showing in state allocations for critically needed services. Georgia has been a state that depends heavily on federal support for services to its handicapped citizens, its senior citizens and its poor citizens.

As a result of severe cuts in federal dollars and virtually little or no effort to replace those dollars with state revenue, ten of thousands of Georgia citizens are suffering severely. Twenty-five thousand welfare recipients were removed from AFDC in Goergia as a result of regulation changes in eligibility requirements. At least another 10 to 15 thousand were cut off of food stamps for the same reason. This occurred at the same time that unemployment in the state increased from 131,238 people in 1982 to 217,687 by January 1983. This represented a 65.9 percent increase in unemployment. Fewer than one-third of those unemployed in this state are eligible for employment benefits, therefore the welfare system becomes the only resource for survival for most of these families. An even more devastating fact is that most of these families will not qualify for the Aids to Families with Dependent Children Program (AFDC) because Georgia does not provide assistance to poor in-tact families. This usually forces the chronically unemployed family to separate or divorce just so their children can eat and get a shelter over their heads. There are increasingly more families living on the street with no place to go, depending on over burdened churches for help.

If you are single, childless, and poor you are also not eligible for help through Georgia's welfare system. These brutal facts make life for too many Georgians unbearable.

Also included in the Reconciliation Act was a mandate to states to implement a system referred to as "Monthly Reporting and Retrospective Budgeting. This new system has resulted in millions of AFDC and food stamp recipients being cut off of these programs across the country. These recipients are cut off, not because they are not deserving of the services but because of an accounting procedure that seems to delight in seeing how long hungry people can hold on before assistance is finally provided.

This system also operates under the false assumption that poor people are less honest than others, therefore there is a need to check up on them frequently.

A one month pilot of the monthly reporting system for the food stamp program in Georgia shows that the cost of implementation is $500,000 a month, or $6,000,000 a year. The process did not uncover large numbers of cheats or undeserving recipients. In fact, the state discovered that it has a net increase in the benefits it paid to recipients during the month of this new reporting system. The Hunger Coalition encourages those of you who are in a position to stop this costly and punitive procedure from continuing, to do so.

On top of all of the concerns mentioned above, welfare recipients in Georgia are concerned about our states decision to legalize "slavery". This decision was the result of federal legislation that told states that they had the option of participating in the Community Work Experience Program. This program which is often referred to as "Workfare" has been a disaster in this state, however it continues to operate in ten counties costing Georgia taxpayers $202,188.10 a year to force 121 welfare recipients to work off their benefits.

The state claims it saved $44,984, which based on their own data is questionable. However, even it they saved this amount the cost of the program would be [illegible] times the savings. In the midst of shrinking human service dollars it is unthinkable that we should waste money on programs that do not produce cost effective, positive results. CWEP has not produced these kinds of results in any of the states that currently operates the program. We ask that the national legislation that give states the legal authority to operate these projects be reversed. The abuses and violations of human rights and dignity have been documented across the country. Workfare is "slave labor" and we must see it for what it is, and not for what some might claim it to be. Workfare doesn't work and it isn't fair.

I will conclude my comments by stating that my organization is concerned about the growing number of people who are becoming poor. There are increasing numbers of workers who can no longer afford to pay their utility bills, their grocery bills or their rent. The emergency assistance centers are over flowing with requests that aren't getting met and more and more families are just doing without. 900,000 people in this state live below poverty. 600,000 are children and at least 125,000 are elderly and handicapped. Though unemployment appears to be lower than other states this state probably has more working poor people than any other state. We suffer from a severe condition of underemployment.

Georgia's AFDC services rank 43rd in the nation. Four Georgia babies die every day before their first birthday, while another 21 are born underweight and at risk of death or handicapping conditions. These conditions are directly related to poor diets and poor health delivery systems.

I hope that the testimony at this hearing moves you to ensure that no citizen in this country should go hungry, without shelter, or without heat because they are too poor. We must affirm that food, shelter and heat are minimum standards of living for all citizens of this country and our government policy must reflect these as priorities.

I appreciate the opportunity to share these concerns with you. It is my hope that you receive them as seriously as I present them to you.

Chairman FORD. Mrs. Vance.

STATEMENT OF LUCY VANCE, CHAIRPERSON, ADVOCACY COMMITTEE, CHILD SERVICES AND FAMILY COUNSELING CENTER, ATLANTA, GA.

Mrs. VANCE. Mr. Chairman, Congressman Fowler, thank you so much for this opportunity. I am presenting this testimony on behalf of Child Service and Family Counseling Center. We are a private, nonprofit United Way agency serving the Metropolitan Atlanta area.

We offer an array of services including adoption, foster care, pregnancy services, counseling, domestic crisis intervention, and family life education.

As the imposition of New Federalism takes hold in the State, the pressure on private agencies and volunteer organizations becomes more intense to provide goods and services to all-increasing population in need.

Fortunately, our part of the country is not suffering the severe dislocations and unemployment as the Northeast and Midwest. Yet, the number of referrals we have made to those accessing basic survival skills—services have increased dramatically.

We have had many requests from our clients for food, shelter, energy assistance, et cetera. Although we do not provide these services, we have had to invest much energy into making appropriate referrals.

In the past year, we have seen a substantial increase of natural parents requesting voluntary placement of their children in foster care because they cannot afford to maintain them in the home.

With the trend toward deinstitutionalization, we have counseled many homeless people in need of community-based service, and with the highest priority being residential care.

To our dismay, Federal moneys allocated to house the severely psychiatrically disabled stay within the walls of the institution rather than following the client into the community where it would do the greatest good.

Cutbacks in social services not only challenge the will of disadvantaged people to survive, but has attributed to family instability. Counseling services of our agency now report a dramatic increase in family violence cases.

Our agency services the eight-county area, but in our main office, the percentage of our counseling cases dealing with domestic violence last year was about 45 to 50, it is now 70 percent of all of our counseling cases in our main office.

Of course, closely related to abuse of families is the upsurge in alcohol and drug-related counseling that is absorbing a greater percentage of our cases than ever before.

Referrals to us are now being made by courts and State agencies that are overwhelmed by the number of complaints and arrests.

Services to pregnant women have been cut back for maternal and infant care through the block program, particularly with regard to mothers who have had more than one child. Our ability as a responsible community agency to place children for adoption has been severely restricted in the face of competition by some of these new private, nonaffiliated adoption agencies who take advantage of these cutbacks and offer to pay substantially for needed medical services if the baby is placed by them.

Adoptive parents in this instance are judged more on their ability to pay medical and other expenses rather than on the kinds of parents they will be.

Another major concern of our agency with respect to cuts in human services is in the area of specialized foster care. As we noted earlier, we are seeing a greater number of voluntary placements of children in foster care. The children being placed are much more disturbed than those we saw previously.

And I will just give you an example of one case. We are counseling a family who has a 10-year-old girl residing at Georgia Mental Health Institute. She is severely disturbed with learning disabilities and is borderline mentally retarded.

She is being maintained on three separate medications. She cannot go home because of specific instances within the family, but she is in need of specialized foster care. Our group homes are filled to capacity and unless her parents give up custody to the State, she will remain, at least temporarily, under hospitalization.

It is ironic to note that title XX funds provide our agency $11.06 per day per child for specialized foster care, while the Federal Government pays our local Fulton County Jail $25 per day for incarcerated Federal prisoners.

To the extent that they exist, private agencies such as ours have very limited resources. In the rural areas of our State, private ongoing services are almost nonexistent. A family in need looks to the County Department of Family and Children Services or to the State Regional Mental Health Center.

The myth that private, nonprofit agencies will help to bridge the social service gap in light of cutbacks is a cruel hoax. New Federalism should not move in the direction of transferring its mandates to the private sector.

Competition for private-sector funds has been intense in this area. The pressure on a community, of course, includes United Way, to pick up lost services in addition to trying to maintain existing services leaves nothing for new and innovative programs.

A nonprofit agency such as ours has an important role to play in this community by providing counseling, placement, referral, educational, and advocacy services to its clients. The resources of the private sector need to be utilized in testing and demonstrating new and creative ways of providing human services to those in need.

We hope that these comments have been helpful in examining the impact of Federal cuts on nonprofit agencies, and I thank you for this opportunity.

Chairman **Ford**. Thank you, Mrs. Vance.

Ms. Silverman, before I recognize you, let the Chair state that in about 10 minutes, Congressman Fowler and myself will have to leave and return back to the Nation's Capital, but we will turn it over to the staff director, Mr. Alan Jensen, to hear from all of the witnesses today.

I will have to excuse myself now, because I have to go to my room and get my bag and meet Mr. Fowler in about 10 or 15 minutes in the lobby. I would just like to say to all of the witnesses that all of the information and recommendations which we receive into the record will be carefully studied and will be put to good use in the Congress of the United States.

I am awfully sorry that we have a tight schedule, but we had no way of knowing when we planned this session that the Congress would be voting today on the debt limit bill and the continuing resolution that is up on the House floor, and we must return back to the Nation's Capital to do business not only for you but for the American people.

I am delighted, as chairperson of the Public Assistance and Unemployment Compensation Subcommittee to join my colleague, Mr. Fowler, here in his congressional district and to participate in this session today and to receive the recommendations which we have received.

Mr. Fowler.

Mr. **Fowler**. Thank you, Mr. Chairman.

STATEMENT OF DIANA SILVERMAN, VICE PRESIDENT FOR SERVICES, JEWISH FAMILY SERVICES, INC., OF ATLANTA, GA.

Ms. **Silverman**. Congressman Fowler, thank you, and I will be very brief.

My name is Diana Silverman, I am services vice president for the Jewish Family Services, Inc., which is a casework and counseling agency providing a wide variety of human services to our Atlanta Jewish community.

This statement will briefly concern itself with the impact of the budget cuts we have been discussing on our clients, clients of the Jewish Family Services. Remember, it represents only a small segment of our general community and is reflective of that community.

Our staff sees approximately 350 people a week. They become well aware of the factors impinging on the daily lives of some 100 individuals of that caseload, who felt the impact of these budget cuts in a variety of ways.

Our staff has reported cuts in SSI, disability, rehabilitation benefits, education, Federal job opportunities, and elimination of CETA funds.

They have seen elderly persons concerned about cuts in social security, a rise in individual and family discord due to job loss, substantial increase in requests from non-Jewish individuals in our community requesting financial aid from our agency, people who have never previously come to us for help, cuts in work and study programs.

New Americans who we have helped settle are now coming back to us because they are the first to lose their jobs.

Lack of adequate housing and services for deinstitutionalized persons is a serious problem. We are seeing the mentally ill and developmentally disabled with inadequate housing and being denied basic services. Lowered medicaid eligibility and need for medication for sleeplessness and anxiety and depression related to the fear of cuts in services and funding.

Housing problems for the elderly come up every day. We are distributing to new clients canned goods and clothing because of the strong need and limited funds available for direct relief. A number of families with children, out of desperation, have suddenly relocated to other communities without any preplanning and with inadequate funds, no jobs committed; they just take up and leave.

Many young adult clients have expressed considerable anxiety and depression over the unemployment or underemployment situation. Older adults are particularly worried about their ability to weather the storm in the face of cost-of-living increases with uncertainty over social security and medicare.

Basically, we are seeing the benefit levels being reduced for those who can least afford it, those who have marginal levels of income and whose subsistence has become precarious.

If there is a safety net for these individuals, we have not seen evidence for it. There should be adequate funding to meet minimum standards of sustenance to assure the dignity and anonymity of the recipients and to enable them to try to lift themselves to their highest level of functioning within the limits of their capabilities and, where possible, to become self-sustaining with self-respect. There should be serious consideration of how we can help individuals attain that basic ideal.

Thank you very much.

Mr. FOWLER. Thank you, Ms. Silverman.

Mr. FOWLER. Mr. Greenberg, Mr. Mitchell, I think I had better excuse myself. I again extend the apologies of the chairman.

Mr. Alan Jensen, who is our chief counsel, will continue the hearing. We have four more witnesses after these two gentlemen. I also am going to ask Mr. Von Unwerth, who is my staff director in Washington, to join Mr. Jensen up here on the panel.

The testimony that we continue to receive throughout the country is testimony of continued human misery. There is just no question about that. We continue to see reported, and from our Government, encouraging news about the overall health of the economy, and the abstracts continue to look very good, but the human experience that we have had as we have been around the country is as you have heard this morning.

Questions raised by two or three of you, policy questions about the appropriate role of the richest country in the world in developing a system that does not throw public and private agencies into competition, does not end up with an incredible fight at the bottom of the economic ladder for what morsels are made available from our National Treasury, is a policy question that just simply has to be—has to be—settled.

We have got to have a national policy to deal with the questions of basic human necessities of food, shelter, nutrition.

The longer that policy is delayed, the more human waste results. It is difficult to talk about what kind of national security policy we ought to have when any country's strongest natural resource, its human potential, is wasted.

We are ending this session of the Congress today, as you know, with very little of the national agenda settled, very little of it will probably be settled in an election year next year within the Congress, but I hope that as those of us in this room both in and out of the Government continue to raise these questions, that we will make that a part of the national agenda, make that a part of the Presidential debate, make that a part of the discussions in every congressional district next year, if we are to have—make any progress in the way—anything that can be called progress.

Thank you again. We will send you copies of the report when we conclude, and I look forward to very much going through it in detail and also corresponding with some of you whose very fine testimony, because of the time constraints, we were not able to engage you in a little dialog.

Mr. Jensen.

Mr. **JENSEN**. Mr. Greenberg.

STATEMENT OF JOHN L. GREENBERG, PRESIDENT, NATIONAL ASSOCIATION OF JEWISH VOCATIONAL SERVICES, DETROIT, MICH.

Mr. **GREENBERG**. Thank you. Mr. Chairman, members of the subcommittee, I want to thank you for affording me the opportunity to appear before you today.

My name is John L. Greenberg, and I am president of the National Association of Jewish Vocational Services. We serve as the coordinating body for Jewish vocational service agencies and programs in the United States, Canada, and Israel, which for more than 100 years have been providing service to the community through a comprehensive and coordinated program of employment, counseling, and rehabilitation.

Nearly 11 million persons have been served in programs of the Jewish vocational service system. Over 200,000 U.S. citizens each year are now being helped by the network's programs of vocational assessment evaluation, world-of-work adjustment training, language and literacy training, occupational skill training, retraining and upgrading for the primary labor market, job placement and a wide array of supportive and community adjustment and living programs.

The National Association of Jewish Vocational Services is a network of frontline agencies, each one affiliated and working with its local Jewish Welfare Federation and member agencies. This network both at the local and national levels provides us with the strength and much of the resources that enable us to be responsive to people in need. And we are ourselves, substantial employers of individuals ranging from professional to blue collar representing all segments of the community.

We serve high school students and dropouts needing assistance in planning for educational and vocational career goals; young adults, including recent college graduates and entry-level economically disadvantaged who are unemployed or underemployed; primary wage earner adults unemployed or underemployed at all occupational levels of the labor market spectrum from unskilled, semiskilled, blue collar jobseekers to the recently unemployed executives, middle managers, and entrepreneurs whose small businesses of many years have failed; women returning to the labor market out of necessity; older adults who should be enjoying their retirement years but now need additional income; severely handicapped of all ages who are physically disabled, mentally retarded or are psychiatrically impaired, many of whom have been recently deinstitutionalized after 10 to 25 years in State schools and hospitals.

It is because of our commitment to an economically healthy and socially stable nation and our day-to-day experience with the increasing number of distressed people with whom we work, that we express our deep concern. There are very few sectors of the labor market which have not been negatively affected by both the recession and the long term, often permanent structural changes.

In 1967 and 1968, the unemployment rate dropped mercifully to around 4 percent, a level which was considered to be indicative of "full employment." The Federal programs were left in place. However, the unemployment rate is now more than twice that figure and funding for programs has been reduced sharply.

Clearly, the end of this recession will not see this country return full circle to what was once deemed a full employment economy unless significant action is taken. Therefore, many more hundreds of thousands of people remain unemployed.

Incidentally, even those unemployment statistics do not include the 1.5 million minimum number of discouraged workers who are no longer looking for work or the 5 million part-time workers who are looking for full-time jobs and cannot find them.

In 1983, the Labor Department's unemployment trust fund distributed $32.6 billion, an increase of 34 percent over fiscal 1982.

Yet, this is only part of the cost to this Nation. Prof. Harvey Brenner reports that a 1-percent increase in unemployment results in a 4.1-percent increase in suicides, a 5.7-percent increase in homicides and a 4.3-percent increase in first admissions of males to mental hospitals. This has profound implications for the families of individuals affected and for the communities in which they live.

Youth unemployment of minorities reached 50 percent in the last year and will most likely continue. The problem will be made more critical because of the accelerating pace of structural change and the increasing mismatch which will occur between skills of available workers and job requirements.

Many of these youths, without targeted educational and skill training opportunities, run the risk of ending up in the secondary job market with little opportunity for upgrading, advancement, and higher pay. The traditional career ladder from entry level to the primary labor market is in danger of becoming obsolete. Minority communities have experienced over the last three decades expenditures of Government moneys aimed at eliminating poverty and increasing opportunity. These programs have led to rising expectations and hope among millions of people who, because of a combination of factors mentioned above, are finding themselves increasingly frustrated and unemployed.

The forces of recession and structural change have had a profound effect on the middle class of this Nation as well. The National Association of Jewish Vocational Services has been monitoring the current economic and employment situation in the United States for the past 2 years.

We find an ever growing number of small businesses facing bankruptcy. We find large numbers of young college graduates without any opportunity for employment and a growing number of young high school and college students who are beginning to feel that it does not pay to complete their education and who are becoming increasingly discouraged and vocationally confused.

We find large numbers of professionals in human services, health, education, and government unemployed, many for the first time in their lives. Not surprisingly, many of these individuals and families affected are Jews.

The effects of unemployment for them are profound. Middle class families are in danger of breaking up, single parent heads of households cannot even earn a basic subsistence, many are finding it increasingly difficult or impossible to make mortgage payments or pay rent. Clearly, the economic and social stability of the middle class is at risk.

A recent U.S. survey completed by the National Association of Jewish Vocational Services in cooperation with the Council of Jewish Federations reported that well over 30,000 new applicants of this middle class group have registered for vocational services over the last 18 months. This represents a minimum increase of 16 percent of the total current caseload of these agencies.

As noted in a national study for the American Jewish Committee directed by Prof. Gary Tobin of Washington University, some agencies such as St. Louis Jewish Employment and Vocational Services, reported increases of as much as 75 percent.

The study supports our findings that Jews, like other Americans, are showing up in greater numbers at our agencies for service.

Our affiliates reported major increases in applicants in the 25- to 55-year-age group, particularly the 45 and over segment, and in both college undergraduates and graduates.

There are disturbing increases in applicants from upper and middle management positions, high-level sales, human services, the self-employed, entry computer operators and programers, and blue collar workers.

Unemployed wage earners who had been making $20,000 to $45,000 were now registering for service and looking for work for the first time in their lives and many more female household heads were applying for assistance.

I have been Chairman of the Detroit Jewish Welfare Federation's Educational Loan Service since 1969. Our scholarships are available for those who are indigent or unable to meet tuition and other school costs.

Over the last 2 years, the loan service has experienced a tremendous increase in requests from middle income, or formerly middle income, families in the $20,000 to $40,000 range.

What we are seeing in this program is the tip of the iceberg, the emergency of the new poor. Because of the great demand, we are now able to fund only 75 percent of the requests.

As if these problems were not enough for the American community to deal with, we must confront what is by our reckoning the most profound economic challenge since the change from an agricultural to an industrial base.

At our recent practitioner's conference of the Association of Jewish Vocational Service Professionals, Prof. Eileen Applebaum noted that technology is indeed changing the structure of the Nation's economy. Other noted economists have spoken eloquently about this transformation.

Indeed, we need to take a deep breath and to clear our thinking about this high-tech revolution and the panacea many think it holds for us.

Rather than it holding out a cure for economic and unemployment ills, it presents challenges which need to be addressed. Most new jobs created during the 1980's and 1990's will not be in high technology nor will the new jobs in this field require a vast upgrading of skills. Rather, what is more likely is that the insertion of equipment of a high-tech nature will reduce skill requirements.

To put it simply, the middle range of the job spectrum will continue to shrink. There will be fewer long-term, good-paying, full-time jobs at the skilled and semiskilled levels. Businesses, including some of the revitalized heavy industries, may survive, be productive and prosper. It is not at all certain that large segments of the American labor force or those attempting to enter it now and in the future will be as fortunate.

The issues confronting us cannot be solved in Detroit or New York or Atlanta or Memphis. They are not simply problems of the northern corridor States. The Sun Belt is no longer immune. We are working with communities across the country including West Palm Beach, Fla., and Denver, Colo., which are experiencing much of the same economic and employment difficulties described herein.

I feel comfortable in telling you that the voluntary sector, both within the Jewish community and its counterparts in the general community are doing an absolutely outstanding job in addressing the critical human needs of this country. I can cite numerous programs in the voluntary sector which have been proven to be effective. I can document for you programs which have literally turned unemployed and unskilled individuals into above-minimum wage taxpayers.

I invite you to visit with our network affiliates throughout the United States to see the exciting work they are doing. I cite the Detroit Jewish Vocational Service's inner city program serving handicapped people and another program helping displaced homemakers to prepare for much needed employment, or the Mobile Job and Career Center in New York City operated by the Federation Employment & Guidance Service with the support of the Federation of Jewish Philanthropies.

They are all exciting and productive and they do what they are supposed to do, in both a humane and cost-effective way, but they are not enough.

No matter what perspective you choose, or what analysis you do, the need is so great and so critical that while we in the voluntary sector are working to accomplish the necessary, we cannot ourselves achieve the sufficient. There are too many homeless and hungry, too many families in danger of falling apart, and too many young people losing hope.

An essential partner in this endeavor must be our Government; a vital member of the team working with us to do what we in the private sector, both corporate and not for profit, are best able and trained to do. We need the full participation and leadership of Government in the development of a public policy which addresses the economic needs of the country and seeks particularly to deal with this growing cancer of unemployment as an essential element of the national agenda.

On behalf of the National Association of Jewish Vocational Services, its board of directors and affiliates, I thank you for this opportunity to offer our perspective.

Mr. JENSEN. Thank you very much, Mr. Greenberg.

[The prepared statement follows:]

STATEMENT OF JOHN L. GREENBERG, PRESIDENT, NATIONAL ASSOCIATION OF JEWISH VOCATIONAL SERVICES

Mr. Chairman, Members of the Subcommittee, I want to thank you for affording me this opportunity today. My name is John Greenberg and I am President of the National Association of Jewish Vocational Services. NAJVS serves as the coordinating body for Jewish Vocational Service agencies and programs in the United States, Canada and Israel, which for more than 100 years have been providing service to the community through a comprehensive and coordinated program of employment, counseling and rehabilitation.

Nearly 11 million persons have been served in programs of the Jewish Vocational Service system. Over 200,000 individuals a year are now being helped by the network's programs of vocational assessment and evaluation, world-of-work adjustment training, language and literacy training, occupational skill training, retraining and upgrading for the primary labor market, job placement and a wide array of supportive and community adjustment and living programs.

NAJVS is a network of front line agencies, each one affiliated and working with its local Federation and member agencies including the family and children's service, community center, school, community relations council, hospital and nursing home. This network both at the local and national levels provides us with the strength and much of the resources enabling us to be responsive to people in need.

NAJVS serves high school students and dropouts needing assistance in planning for educational and vocational career goals; young adults, including recent college graduates and entry level economically disadvantaged who are unemployed or underemployed; primary wage earner adults unemployed or underemployed at all occupational levels of the labor market spectrum from unskilled, semi-skilled, blue collar job seekers to recently unemployed executives and middle managers and entrepreneurs whose small businesses of many years have failed; women returning to the labor market out of necessity; older adults who should be enjoying their retirement years but now need additional income; severely handicapped of all ages who are physically disabled, mentally retarded and or psychiatrically impared, many of whom have been recently deinstitutionalized after 10 to 25 years in state schools and hospitals.

The network serves the industrially disabled through its Insurance Rehabilitation Programs and is working closely with the private sector through its Corporate Services and Human Resources Programs by providing on line services to workers and business and industry effected by short-term economic conditions we face as well as the rapidly developing structural, long-term unemployment and productivity problems looming so threateningly before us.

All this is by way of saying that we are committed to serve the community and to provide the fullest opportunity for individuals to make the best vocational, social and community adjustment of which they are capable.

It is because of our commitment to an economically healthy and socially stable nation and our day-to-day experience with the increasing number of distressed people with whom we work that we express our deep concern. We urge a coordinated, concerted effort and call to action on the part of government, the public sector, the private sector of business and industry and the private not-for-profit sector to address the critical needs of a growing number of our citizens.

Reports from a wide variety of sources including the periodic reports of the Bureau of Labor Statistics and the Department of Labor reveal that there are very few sectors of the labor market which have not been negatively effected by both the recession which is assumed to be of a short-term, cyclical nature and long-term, permanent structural changes.

It is of some interest to look behind the concept of recession as cyclical and to explore a little more closely what it means for those who are unemployed. After the recession of 1961–62, the level of unemployment was about 5½ percent. This was considered to be too high and the Federal government funded manpower programs as a response to what was then considered an unacceptable unemployment level. In the next 5 years the unemployment rate dropped mercifully to around 4 percent; a level which was considered to be indicative of "full employment." Still the Federal programs were left in place. The unemployment rate is now more than twice that figure and funding for programs has been sharply reduced. Clearly, the end of this recession will not see this country return full circle to what was once deemed a full employment economy unless significant action is taken. This means many more hundreds of thousands of people unemployed. Incidentally, even these unemployment statistics do not include the 1.5 million minimum number of discouraged workers no longer looking for work or the 5 million part-time workers who are looking for full-time jobs and cannot find them.

In fiscal year 1983 the Labor Department's unemployment trust fund distributed $32.6 billion, an increase of 34 percent over fiscal year 1982.

Yet this is only part of the cost to this nation. Professor Harvey Brenner reports that a 1 percent increase in unemployment results in a 4.1 percent increase in suicides, a 5.7 percent increase in homicides and a 4.3 percent increase in first admissions of males to mental hospitals. This has profound implications for the families of individuals effected and for the communities in which they live.

Who are the people who make up these statistics and are personally effected? In a sense this recession and the developing structural changes are ecumentical, they have left few sectors untouched. As noted in a study funded by the Ford Foundation, they are exacerbating youth unemployment which for minorities reached 50 percent in the last year and will most likely continue to do so since youngsters will comprise a higher percentage of youth entering the work force in the 1990s. This problem will be made more critical because of the accelerating pace of structural change and the increasing mismatch which will occur between skills of available workers and job requirements. Many of these youths without targeted educational and skill training opportunities run the risk of ending up in the secondary job market with little opportunity for upgrading, advancement and higher pay. The traditional career ladder from entry-level to the primary labor market is in danger of becoming obsolete. This is a particularly serious concern. Minority communities have experienced over the last three decades expenditures of government monies aimed at eliminating poverty and increasing opportunity. These programs have led to rising expectations and hope among millions of people who because of a combination of factors mentioned above are finding themselves increasingly frustrated.

The forces of recession and structural change have had a profound effect on the middle class of this nation as well.

NAJVS has been monitoring the current economic and employment situation for the past two years. We find an ever-growing number of small businessmen facing bankruptcy. We find large numbers of young college graduates without any opportunity for employment and a growing number of young high school and college students who are beginning to feel that it does not pay to complete their education and who are becoming increasingly discouraged and vocationally confused. We find large numbers of professionals in human services, health, education and government unemployed, many for the first time in their lives. Not surprisingly, many of these individuals and families effected are Jews.

The effects of unemployment for them are profound. Middle-class families are in danger of breaking up, single-parent heads of households cannot earn even a basic subsistence, many are finding it increasingly difficult or impossible to make mortgage payments or pay rent. Clearly, the economic and social stability of the middle-class is at risk.

A recent survey completed by NAJVS in cooperation with the Council of Jewish Federations reported that well over 30,000 new applicants of this middle class group have registered for JVS services over the last 18 months. This represents a minimum increase of 16 percent of the total current caseloads of these agencies. As noted in a national study for the American Jewish Committee directed by Professor Gary Tobin of Washington University, some agencies such as St. Louis Jewish Employment & Vocational Services reported increases of as much as 75 percent. The study supports our findings that Jews, like other Americans, are showing up in greater numbers at our agencies for service.

Our affiliates reported major increases in applicants in the 25–55 year age group, particularly the 45 and over segment, and in college graduates, both undergraduates and graduates.

There are disturbing increases in applicants from upper and middle management positions, high level sales, human services, the self-employed, entry computer operators and programmers and blue collar workers.

Unemployed wage earners who had been making $20,000 to $45,000 were now registering for service and looking for work for the first time in their lives and many more female household heads were applying for assistance.

Seventy-five per cent (75 percent) of the agencies reported waiting lists of up to 12 weeks because of increased demand and reduction in service due to budget cuts. Seventy per cent (70 percent) reported increases in demand for career counseling for adults. Sixty per cent (60 percent) reported a decline in interest on the part of youth in regard to college bound pursuits.

For me, there is a certain irony in the last finding. I have been chairman of the Detroit Welfare Federation's Jewish Educational Loan Service since 1969. It serves as a clearinghouse for college students in the Jewish community. Despite the diminution of interest reported above, those that do want to attend college are facing great difficulty. The scholarships provide interest free loans and are available for those who are indigent—unable to meet tuition and other school costs. Over the last 2 years the Loan Service has experienced a tremendous increase in requests from middle-income (or formerly middle-income) families in the $20,000 to $40,000 range. What we are seeing in this program is the tip of the iceberg; the emergence of the "new poor." Because of the great demand we are now able to fund only 75 percent of the requests.

As if these problems were not enough for the American community to deal with, we must confront what is by our reckoning the most profound economic challenge since the change from an agricultural to an industrial base.

Professor Eileen Applebaum of Temple University at our recent practitioner's conference of the Association of Jewish Vocational Service Professionals, noted that technology is indeed changing the structure of the nation's economy. Other noted economists have spoken eloquently about this transformation.

We are all aware from our daily experiences of the impact of computers, word processors, automated banking machines and check-out counters, even automobiles that talk to us, and we have found it all somewhat breathtaking and mind-boggling.

Indeed, we need to take a deep breath and to clear our thinking about this "high-tech" revolution and the panacea many think it holds for us.

Rather than it holding out a cure for economic and employment ills, it presents challenges which need to be addressed. Most new jobs created during the 1980s and 90s will not be in high technology nor will the new jobs in this field require vast upgrading of skills. Rather what is more likely is that the insertion of equipment of a high tech nature will reduce skill requirements. To put it simply the middle range of the job spectrum will continue to shrink. There will be fewer long-term good-paying, full-time jobs at the skilled and semi-skilled levels. An Upjohn Institute study notes that auto industry robots will increase from 2,400 to between 15,000 and 25,000 by the year 1990. Three to five thousand jobs will be created in robot production and maintenance. The robots will replace 30,000 to 50,000 auto workers. There will also be fewer middle management jobs available.

Even when the overall numbers remain the same in a particular industry, it is important to look behind the numbers. What you will find with increasing frequency is that the numbers are comprised of more and more lower paid workers, a few very high paid workers and even fewer in between.

Businesses, including some of the revitalized heavy industries may survive, be productive and prosper. It is not at all certain that large segments of the American labor force or those attempting to enter it now and in the future will be as fortunate.

The issues confronting us cannot be solved in Detroit or New York or Atlanta or Memphis alone. They are not simply problems of the northern corridor states. The sunbelt is no longer immune. We are working with communities across the country including West Palm Beach, Florida and Denver, Colorado which are experiencing much the same economic and employment difficulties described herein.

I feel comfortable in telling you that the voluntary sector, both within the Jewish community and its counterparts in the general community are doing an absolutely outstanding job in addressing the critical human needs of this country. I can cite numerous programs in the voluntary sector which have been proven to be effective. I can document for you programs which have literally turned unemployed and unskilled individuals into above-minimum wage tax payers. I invite you to visit with our network affiliates to see the exciting work they are doing—Detroit JVS's inner city program serving handicapped people, and another helping displaced homemakers to prepare for much needed employment, or a Mobile Job and Career Center in New York City operated by Federation Employment & Guidance Service with the support of the Federation of Jewish Philanthropies.

They are all exciting and productive and they do what they are supposed to do, in both a humane and cost-effective way. But they are not enough.

No matter what perspective you choose, or analysis you do, the need is so great and so critical that while we in the voluntary sector are working to accomplish the necessary, we cannot ourselves achieve the sufficient. There are too many unemployed, too many unable to live on fixed incomes, too many homeless and hungry, too many families in danger of falling apart, too many young people losing hope.

An essential partner in this endeavor must be government; a vital member of the team working with us to help us to do what we in the private sector both corporate and not-for-profit and the public sector, are best able and trained to do. We need the full participation and leadership of government in the development of public policy which addresses the economic needs of the country as an essential element of the national agenda.

On behalf of NAJVS, its Board of Directors and its affiliates I thank you for this opportunity to offer our perspective.

Mr. Jensen. Mr. Mitchel, we will hear from you and then we will have questions for both of you.

STATEMENT OF MICHAEL M. MITCHEL, CHAIRMAN, SOCIAL WELFARE COMMITTEE, JEWISH FEDERATION OF METROPOLITAN CHICAGO

Mr. Mitchel. Thank you, Mr. Jensen. Please convey to the chairman that I too am pleased to be able to present a brief statement on behalf of the Jewish Federation of Metropolitan Chicago.

Parenthetically, I might say that everything you have heard here up to now, and I am sure that you will hear, we could say "ditto" to if you could just change the percentages and the numbers, because what you are hearing from all over the country is a unified view that the problem is pervasive.

In the spring of 1982, as each of our social welfare agencies presented their annual budgets to the federation, we heard the same frightening litany over and over again: increasing unemployment, child abuse, family violence, larger numbers of our Jewish clients seeking emergency financial assistance to buy food, to pay their rent, to prevent the disconnection of utilities and the need to provide for our elderly who cannot pay for the medicines they need to keep them alive.

As a result of this, we initiated an intensive process to assess what we were doing and to determine what we still had to do to relieve the suffering in our community. We are spending millions of dollars to sustain people. Indeed, last year, we spent $28 million to assist the disadvantaged, and this year we will spend even more.

Now, if you exclude the medicaid reimbursement for medical care, the Jewish Federation of Metropolitan Chicago spent $10 million in privately—privately—contributed funds to assist the economically disadvantaged.

With the cooperation of our State department of public aid we learned that on the north side of Chicago alone, as of March 1982, we had 1,900 Jewish people receiving various forms of welfare assistance, and that only 12 months later the number had leaped to 2,500. In 1 year, a 30-percent increase.

Our vocational service agency saw 6,500 Jewish individuals who needed help with finding a job out of a total of 10,000 people interviewed they saw who were unemployed in 1982. The ARK, one of our agencies which serves only the poor, is opening new cases at the rate of 100 per month. In just 2 months this fall, that same agency gave out as much money to prevent Jews from being evicted for nonpayment of rent as they did in all of 1982.

Thanks to the emergency food and shelter program, we had the extra money to give to the poor. The program also enabled us to seed a new emergency shelter program which just opened and to provide what we call complimentary groceries to hundreds of elderly poor Jews.

In 1981, a demographic study we conducted showed that based upon reports of 1980 household income in the Chicago Jewish community, we had 37,000 poor Jews or vulnerable Jews. That was 15 percent of the total Jewish population in the Greater Chicago area; 18,500 of those were classified as poor, a national classification, and 18,500 were classified as vulnerable.

Our definition of "vulnerable" means that it would take only one major setback to push a household into poverty, a legal or medical problem, a new roof or even a short-term layoff. Today that 1981 figure of 37,000 probably is closer to 50,000.

In 1982, our family agency has had to double the amount of money it provided for emergency financial assistance, and is now experiencing an even greater demand for aid in 1983.

The Joint Economic Committee of Congress found some years ago that unemployment is directly related to increases in violence, homicide, and a number of terminal illnesses. The research also revealed that these consequences intensify over time, and that the typical family requires 5 years to recover from the social and economic trauma caused by job loss.

In the Jewish community, we are seeing hundreds of people who have not had to look for a job for 15, 20, or 25 years. These are middle managers and executives and they do not even know how to go about filling out a résumé and they do not know how to access the public welfare system. Incidentally, they typically experience serious depression and stress reactions as a result of this trauma.

These circumstances, then, have caused us to develop a plan which will guide our efforts for the next several years. Parents with young children cannot go out to seek work or to enter a training program if they lack safe child care arrangements. The elderly cannot eat adequately or buy their medication if their housing costs soak up all their resources. These two groups are our first priority in Chicago.

We have just opened a toll free, 24-hour a day, 7-day a week hotline, to provide centralized access to our system. We are looking at various means of expanding subsidized child care for the poor, the availability of increased interest-free loan funds, expanded outreach to isolated elderly hidden away behind locked doors, new approaches to helping people help each other to get more work and to get back into the labor force in total.

Jobs are the key. Emergency resources to meet the crisis caused by a lack of employment are absolutely essential.

The Jewish Federation of Metropolitan Chicago is equally concerned about the larger community of which we are a part. We have invested a tremendous amount of energy to help the emergency food and shelter program in our city, county and state work. We are proud to have been able to work with other agencies that Congress named to administer the program.

In Illinois, the state department of public aid asked the voluntary agencies to work with them to plan for and implement a statewide program. It has been a magnificent example of the best of public/private sector collaboration. Recently, the Jewish Federation cochaired a task force on homelessness in Chicago. We estimate that there are more than 12,000 homeless people in Chicago, and there are only 1,078 shelter beds, and 185 of those are open only during the winter months.

The recommendations to improve this situation are now being aggressively implemented by the city of Chicago and together with others concerned about hunger, we urged Mayor Washington to appoint a "nuts and bolts" task force on hunger. Not only did the mayor accept the suggestion, but he has asked us to cochair that critical effort.

A coalition of groups recently issued a Chicago hunger watch report estimating that there are at least 224,000 Chicago residents seeking emergency food each month. Incidentally, for all of these figures that I am citing today, I have documentation which I will submit for the record with this testimony.

I mention these efforts because—and I emphasize this—because contrary to the President of the United States expectation, we in the private nonprofit sector cannot meet our responsibilities without adequate public funds for all these vital social programs.

The Congress must exercise the leadership required to appropriately rebuild our human service system which has suffered much damage these last several years. More importantly, this has resulted in punishing the very people who are most in need. We pledge you our support as we work together to conserve and rebuild the lives of our fellow citizens.

Mr. Jensen, I wish you would also report to the chairman an additional comment which I must also make today that I feel has great significance to our country. As you gentlemen know, the Office of Management and Budget recently released a proposed revision of the circular A-122 entitled "Cost Principles for Nonprofit Organizations; Lobbying and Related Activities." Despite what the OMB has said in that release, the net effect of their proposal will be to place a muzzle on nonprofits.

Organizations such as mine are the only ones who consistently advocate for the disadvantaged in our society, most of whom do not have the resources to do so for themselves.

In addition, the material in the Federal Register continues to directly imply that nonprofits have been involved in improper use of Federal funds in violation of their 501-C3 status for lobbying purposes. This statement continues to be made despite the fact that I understand that a representative of OMB recently testified before the House Government Operations Committee, chaired by Congressman Brooks, and said that they have no evidence—no evidence—to support such an assertion.

There are many problems that we find with the latest OMB proposal that I will not dwell on now. The major thought that I want to leave with you is that if OMB has its way, we will not be able to meet with you or other Members of Congress in the future to share our concern for the needs of the poor in our midst, because the minute I, or any other representative of a nonprofit organization, begin to convey to you the opinion that, for example, the emergency food and shelter program needs to be continued, we will be in violation of OMB's rules.

This will mean that money we receive from the Government can be withheld, thereby reducing the services we provide for those in need. The thought that voluntary organizations receiving public funds to serve the disadvantaged will be effectively cut off from our public officials is frightening and is undemocratic. I hope you and your fellow Congressman will prevent that very dangerous step from being taken.

Thank you.

Mr. JENSEN. Thank you very much, Mr. Greenberg and Mr. Mitchel.

[The prepared statement follows. Additional material submitted has been included in the appendix: "Planning Project on Services to the Economically Disadvantaged," p. 127; and "Chicago Hunger Watch Report," p. 462.]

STATEMENT OF MICHAEL M. MITCHEL, CHAIRMAN, SOCIAL WELFARE COMMITTEE, JEWISH FEDERATION OF METROPOLITAN CHICAGO

Mr. Chairman, I am honored to be able to present this brief statement on behalf of the Jewish Federation of Metropolitan Chicago. For the record I will leave with you a copy of the report of our "Planning Project on Services to the Economically Disadvantaged," and related materials.

In the Spring of 1982, as each of our social welfare agencies (Jewish Children's Bureau, Jewish Family & Community Service, Jewish Vocational Service, The ARK, Council for Jewish Elderly, Jewish Community Centers, Mount Sinai Hospital Medical Center and Michael Reese Hospital & Medical Center) presented their annual budget requests to the Federation, we heard the same frightening litany over and over again: increasing unemployment, child abuse, family violence, larger numbers of our Jewish clients seeking emergency financial assistance to buy food, to pay their rent, to prevent disconnection of utilities caused by unpaid bills, and the need to provide for our elderly who cannot pay for the medicines they need to keep them alive. As a result we initiated an intensive process to assess what we were doing and to determine what we still had to do to relieve the suffering in our community. We are spending millions of dollars to sustain people. Indeed, last year we spent $28 million to assist the disadvantaged, and this year we will spend even more. Excluding Medicaid reimbursement for medical care the Jewish Federation of Metropolitan Chicago spent $10 million dollars in privately contributed funds to assist the economically disadvantaged.

With the cooperation of our state Department of Public Aid we learned that on the north side of Chicago alone, as of March 1982, we had 2,000 Jews receiving various forms of welfare assistance and that twelve months later the number had leaped to 2,700, an increase of over 30 percent. Our vocational service agency saw 6,500 Jewish individuals who needed help with finding a job, out of a total of 10,000 people they saw who were unemployed during 1982. The ARK, one of our agencies which serves only the poor, is opening new cases at a rate of 100 per month. In just two months this fall that same agency gave out as much money to prevent Jews from being evicted for non-payment of rent as they did all of last year. Thanks to the Emergency Food and Shelter Program we had the extra money to give to our poor. The program also enabled us to seed a new Emergency Shelter Program which opened this week, and to provide what we call "complimentary groceries" to hundreds of elderly Jews.

In 1981 a demographic study we conducted showed that, based upon reports of 1980 household income in the Jewish community in Chicago, we had 37,000 poor and vulnerable Jews in our community—15 percent of our people. 18,500 were classified poor and 18,500 were classified as vulnerable. Vulnerable means that one major setback would push that household into poverty—a legal or medical problem, a new roof, or even a short-term layoff. Today that number is probably closer to 50,000. Illinois, despite all the recent talk about economic turnaround, is a part of the Great Lakes Region which, as you know, is the most depresed region of the United States. This area of the country is traditionally the last to recover, and among the Great Lakes States, Illinois is the last to recover economically. State officials estimate that our unemployment rate will remain at between 10 and 12 percent for the next two years. In 1982 our family agency has had to double the amount of money it provides for emergency financial assistance, and is now experiencing an even greater demand for aid in 1983.

The increases in child and spouse abuse I spoke of earlier are only the tip of the iceberg. The Joint Economic Committee of Congress found some years ago that unemployment is directly related to increases in violence, homicide, and a number of terminal illnesses. The research also revealed that these consequences intensify over time, and that the typical family requires five years to recover from the social and economic trauma caused by job loss.

In the Jewish community we are seeing hundreds of people who have not had to look for a job for 15, 20, or 25 years. These middle managers and executives do not even know how to put a resume together, they typically experience serious depression and stress reactions; all of which tears at the very fabric of family life. During good times, a middle manager, executive, or top level professional typically requires 6–12 months to find another comparable position after a job loss. During the past two years this period has become even longer.

These circumstances caused us to develop a plan which will guide our efforts for the next several years. Families with young children cannot go out to seek work or enter a training program if they lack safe child care arrangements. The elderly cannot eat adequately or buy their medication if their housing costs soak up all their resources. These two groups are our first priority.

We have just opened a toll free, 24 hour a day, 7 days per week, hotline to provide centralized access to our system. We are looking at various means of expanding subsidized child care for the poor, the availability of increased interest-free loan funds, expanded outreach to isolated elderly hidden away behind locked doors, new approaches to helping people help each other as they work at getting back into the labor force. Jobs are the key. Emergency resources to meet the crisis caused by a lack of employment are absolutely essential.

The Jewish Federation of Metropolitan Chicago is equally concerned about the larger community of which we are a part. Our agencies provide service to all who come to us, irrespective of race or religion, and we collaborate with other in the human services community to improve social and health services needed by all.

We invested a tremendous amount of energy to help make the Emergency Food and Shelter Program in our city, county, and state an exemplary experience. We are proud to have been able to work with the other agencies Congress named to administer the program. In Illinois the State Department of Public Aid asked the voluntary agencies to work with them to plan for and implement a statewide program. It has been a magnificent example of the best of public/private sector collaboration. Recently, the Jewish Federation co-chaired a Task Force on Homelessness people in Chicago. We estimate that there are more than 12,000 homeless people in Chicago, and there are only 1,078 shelter beds, 185 of which are available only during the winter months. The recommendations to improve the situation are now being aggressively implemented by the City of Chicago (a copy of our report is attached for the record), and together with others concerned about hunger, we urged Mayor Washington to appoint a "nuts and bolts" Task Force on Hunger. Not only did the mayor accept the suggestion, but he has asked up to co-chair that critical effort. A coalition of groups recently issued a Chicago Hunger Watch report estimating that there are at least 224,000 Chicago residents seeking emergency food each month (copy attached for the record).

I mention these efforts because we in the private non-profit sector cannot meet our responsibilities without adequate public funds for all these vital social programs. The Congress must exercise the leadership required to appropriately rebuild our human services system, which has suffered much damage these last several years. More importantly, this has resulted in punishing the very people who are most in need. We pledge you our support as we work together to conserve and rebuild the lives of our fellow citizens.

Mr. Chairman, I must also comment on a related matter of great significance to our country. As you know, the Office of Management and Budget recently released a proposed revision of Circular A-122, "Cost Principles for Nonprofit Organizations; Lobbying and Related Activities." Despite what the OMB has said in that release, the net effect of their proposals will be to place a muzzle on non-profits. Organizations such as mine are the only ones who consistently advocate for the disadvantaged in our society, most of whom do not have the resources to do so for themselves. In addition, the material in the Federal Register continues to directly imply that non-profits have been involved in improper use of federal funds in violation of their 501-C3 status for lobbying purposes. This statement continues to be made despite the fact that I understand that a representative of OMB recently testified before the House Government Operations Committee, chaired by Congressman Jack Brooks and said that they have no evidence to support such an assertion.

There are many problems that we find in the latest OMB proposals that I will not dwell upon now. The major thought that I want to leave with you is that if OMB has its way we will not be able to meet with you or other members of the Congress in the future to share our concern for the needs of the poor in our midst, because the minute I, or any representative of a non-profit organization, begin to convey to you the opinion that, for example, the Emergency Food and Shelter Program needs to be continued we will be in violation of OMB's rules. This will mean that monies we receive from government can be withheld, thereby reducing the services we provide for those in need. The thought that voluntary organizations receiving public funds to serve the disadvantaged will be effectively cut off from our public officials is frightening. I hope you and your fellow congressmen will prevent that very dangerous step from being taken. Thank you.

Report to the 1983 annual meeting of The Jewish Federation/Jewish United Fund

The worsening plight of Chicago's poor Jews

By MICHAEL M. MITCHEL

Chairman, Social Welfare Committee and the Implementation Task Force of the Planning Project on Services to the Economically Disadvantaged

My assignment is to report to you this morning on the results of a year-long effort to assess the extent to which our community includes disadvantaged and vulnerable Jews, and what the Jewish community must do to help those in need.

First, a few vital facts:

We estimate there are a minimum of 18,500 economically ~~disadvantaged~~ Jews in the Chicago area. Disadvantaged means having an income of $6700 or less for an individual or $12,300 or less for a family of four. More than half are elderly. Many are households with children under 18 years of age.

We also found that there are at least another 18,500 who are vulnerable - living just on the edge, consisting mainly of young Jewish families earning between $10,000 - $20,000 per year. One serious problem with housing, health, or legal matters could and most likely would wipe them out.

These 37,000 people are 15 percent of our community which is estimated at 248,000. They represent 19,000 households or 18 percent of our Jewish households. Most live in the city of Chicago.

Our demographic data on Chicago Jewry shows that while single parent households which included children account for only five percent of all Jewish families, they constitute 8.5 percent of economically disadvantaged households. Furthermore, children under 18 years of age are 21 percent of the total Jewish population in the Chicago area, but nearly 10 percent of them are members of disadvantaged families.

This year the Jewish community will spend $28 million to help individuals and families, both Jewish and non-Jewish in the following manner:

Agency social services -$12,000,000;

Emergency services (food, shelter, etc.) - $2,000,000;

Free health care - $14,000,000.

Excluding $12,000,000 in health care for non-Jews, $16 million will be spent for emergency and social services to Jews and non-Jews and free health care for Jews. The Jewish Federation's financial support accounts for 64 percent of those dollars (derived largely through our JUF campaign, the United Way, our endowment fund, and state government funds.)

The depth of our problem is illustrated by three facts:

JVS reported that in 1982, out of 10,245 people served who required job placement services, 6300 members of the Jewish community needed that service — in other words, they were out of work.

Photo courtesy of the Jewish United Fund

In April of 1982 and March of 1983, at the request of the Jewish Federation, the Ill. Dept. of Public Aid analyzed its client files in two of its offices on the north side of Chicago. It was estimated that on the northside of Chicago and in the near northern (Skokie, Wilmette and Des Plaines) and northwest suburbs there were 1900 Jews receiving some form of public aid as of May 1982 and that the number increased to 2500 as of March 1983 — an increase of about 30 percent. This increase occurred primarily in East Rogers Park and in suburban areas. There has been a shift in categories of need as reflected by the types of public aid received by Jews. In 1982 almost one-half of the recipients were receiving medical assistance only. By March 1983, medical assistance only cases represented only one-third of the cases, followed by a sharp increase in the need for food stamps. There were also changes in the age distribution of the Jewish adults who received public assistance. In 1982, approximately 40 percent of the adult recipients were over age 65, whereas by 1983 the number over age 65 declined to 26 percent. The poor economic conditions of 1982 and 1983 have led to an increase in Jewish use of public assistance services, especially food stamps and medical assistance for non-elderly families;

The Jewish community has provided food to somewhere between 8000-10,000 people in 1982-83. Area synagogs annually contribute thousands of dollars to food pantries or to the city's emergency food program. One has been operating a food pantry directly for two years. Collectively, synagogs will spend over $60,000 this year assisting the poor through food and cash grants.

The report led to a Phase I implementation plan which was adopted by the Jewish Federation board in June. The cost of Phase I will be $715,000. Thus far, we have in hand nearly $437,000 in cash, donated goods or in-kind services contributed by our agencies. A special $150,000 allocation was made to seed the project and we recently received a special $25,000 start-up grant from the Ernest & Leonore Alshuler Foundation toward development of a *multi-service center program* in the Uptown/Lakeview area.

This year-long planning process involved the top lay and professional leadership of all our agencies and the Federation in intensive study and dialo[illegible] That pattern is continuing through an implementation task force composed of agency and Federation representatives who are reviewing each specific service component of Phase I and who will monitor the progress of our program as it proceeds.

On Sept. 14, this task force committee authorized the first of a number of new or expanded programs: A round-the-clock, seven-day-a-week, hotline (called Ezra, which means "help") under the leadership of JCB designed to create rapid access to all needed services for those in crisis, using a toll free 800-number. This service will begin in October. The second program, being given leadership by the Ark, is an emergency shelter plan which will provide short-term emergency housing for homeless Jews using a wide range of resources. We anticipate having this on line by November.

Other programs being planned include expanded day care services for the unemployed, increased interest-free loan funds and expanded outreach to disadvantaged and vulnerable Jews who need to be helped to use our services.

Our communal values dictate that we provide the resources necessary to permit people to live in our midst with dignity. This is possible only when individuals or families have adequate housing, food, clothing, health care, income and are able to participate in Jewish life experiences and activities they require as a means of maintaining a connection to the Jewish community. The quality of life possible for people forced to use public resources for any extended period is judged to be insufficient, using even the most modest standards. It is felt that the Jewish community must take responsibility for seeing to it that

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JEWISH POOR

(Continued from page 11)

our members, over time if necessary, are given all the help required to either supplement public programs and/or to change the circumstances causing them to have need of those resources.

Although our primary mission is to care for members of the Jewish community, we have a very special responsibility to do our utmost to contribute to efforts directed at improving the quality of life of the entire community of which we are a part. We have a long history of service to the general community. At a time when economic conditions are causing so much trauma to so many in our community. There is even greater need to continue to make our services, expertise and support available to all those in need who may require our assistance. We Jews are part of the total community. Our obligation to support the community in which we earn our livelihoods is self-evident.

> *'Helping people find jobs, providing employment in our agencies or through businesses owned by Jewish lay leaders and providing training or re-training opportunities should be among our very highest priorities.'*

In order to maximize the positive impact of the Jewish community's resources every effort must be made to see to it that those who are eligible to receive services or benefits from public programs do so. Further, we must direct our efforts at the improvement of those programs and towards the development of greater flexibility in public programs as a way of more effectively meeting human needs. Wherever possible we should seek such changes and improvements in collaboration with others concerned about human services.

The investment of our communal energy in an examination of the needs of the economically disadvantaged is a response to a growing crisis. This expression of our concern should not be misinterpreted. We must guard against the negative effects of labeling people "poor" or "economically disadvantaged." We must also keep in mind the devastating impact the economy is having on middle-class families who constitute the majority of the Jewish community and whose needs for service have increased dramatically in a number of communities in which our agencies are located.

During the past 18 months Federation agencies have experienced a dramatic increase in the number of emergency requests for assistance with housing, food and payment of rent, utilities or medical bill. Significantly, many of these requests are coming from a new population -- the young and middle aged, couples and families -- in addition to the elderly. More often than has been the case in recent years, this new client population includes a higher proportion of the mentally ill and socially inadequate. While it is true that Federation agencies have tended to provide less so-called "concrete" services such as food, cash, clothing and shelter since the Depression years, these new demands upon our agencies will require a degree of reorientation and every reorganization. These changes may be necessary only for a year or two, but must take place rapidly.

Jewish tradition clearly informs us that the most highly valued form of tzedaka is assistance given in the form of a loan, the act of taking a needy person into a partnership, employing them or giving them the capacity to support themselves via other means. Thus, helping people find jobs, providing employment in our agencies or through businesses owned by Jewish lay leaders and providing training or re-training opportunities should be among the very highest priorities.

The Jewish Federation, in partnership with the agencies, has the responsibility to plan for and coordinate efforts directed at provision of services to the Jewish community (i.e., to make available information about services and programs, to identify unmet needs, to maintain data in the character of the Jewish community, to articulate communal policy and its implications for the direction of agency services). The purpose of such efforts should be to help Federation agencies to implement necessary services in a timely and appropriate manner.

That is our goal and with a continuing united effort we will achieve it.

October 6, 1983

Sentinel

November 10, 1983/75 Cents

The voice of
Chicago Jewry
since 1911

Dial EZRA for help
The Jewish Federation inaugurates a 24-hour, toll-free hotline for Jews in dire straits

'Dial EZRA for help' — Federation inaugurates hotline for Jews in need

A 24-hour-a-day, toll-free telephone hotline for people in serious need has been inaugurated by the Jewish Federation of Metropolitan Chicago and its eight social welfare and health care agencies.

The Jewish Support/Help Line is the first of some 66 programs Federation will institute in "Project EZRA," a coordinated effort to help an estimated 37,000 Jewish poor and near-poor which Federation identified in a recent study. EZRA is the Hebrew word for help.

Callers to 1-800-248-1818 will be connected to a specially trained social worker or volunteer who will be able to help them secure emergency food and shelter, crisis counseling, day care, health care or legal, financial and employment assistance.

Organizations throughout the Jewish community have been asked to help publicize the number through the distribution of posters, letters and handbills. Thousands of telephone stickers also are being distributed.

Initial calls since the service began on Oct. 5 have been mostly from people seeking emergency cash and employment, according to Charles H. Goodman, Federation president. He anticipates that the service will soon receive 300 calls a month.

The EZRA-line gives callers immediate access to the services of the Jewish Children's Bureau, the Jewish Family and Community Service, the Jewish Community Centers, the Jewish Vocational Service, the Council for Jewish Elderly, the Ark and Michael Reese and Mount Sinai hospitals. JCB administers the hotline service.

A rigorous training program of up to 18 hours has been developed for people who serve as EZRA counselors. It involves learning fully about community resources so that appropriate referrals may be made to the community agency best prepared to solve callers' problems, either public or private. Topics covered include the theory of telephone counseling, crisis intervention and the handling of issues such as suicide, drugs and family violence. People interested in serving as volunteers are encourage to call 346-6700 and ask for Robin Levin, JCB's EZRA-line coordinator.

"The EZRA telephone service was the most urgently needed service of the many that our study recommended," said Goodman. "Full implementation of Project EZRA will take several years. But even with a recovering economy, the dislocations created by widespread unemployment and reductions in public assistance programs have drastically hurt the lives of many people — young, old, poor and once-middle class. They will require many, many years to recover."

(Continued on page 55)

Sentinel

According to Michael M. Mitchel, chairman of Federation's social welfare committee, Project EZRA will open a multi-service screening and referral center in the Lakeview-Uptown area late this December.

Mitchel, under whose leadership project EZRA was developed, said that other programs to be initiated in the next several months will provide additional services for the elderly and for families with children.

By next June, Federation expects that 15 of EZRA's 66 programs will be operative at a cost estimated at $715,000 including $200,000 for emergency cash grants and loans. These programs will bring to $28.7 million the total that Federation and its eight agencies will spend on services to the poor of all faiths and races from July 1983 through June, 1984.

The study which led to Project EZRA was conducted by the top operating officers of Federation's eight agencies over a nine-month period. It found that more than 37,000 — 15 percent of the Jewish population here and 19 percent of the Jewish households — have problems stemming from economic roots.

The 18,630 Jews found living in households that earn less than $10,000 a year were classified as "economically disadvantaged." About 2500 of them were on public assistance, some trying to live on as little as $144 a month. The 18,500 Jews in households of three or more with annual incomes between $10,000 and $20,000 were rated "economically vulnerable." Many of them require help to prevent them from becoming disadvantaged.

Many of the people now coming to Federation are described by caseworkers as "absolutely desperate." Most of them would have been better off if they had come earlier, before their situation deteriorated. But they did not do so because of a sense of pride.

Because that situation is so typical, Mitchel urged people to tell others about EZRA. "Letting people know how to help themselves is as much a mitzva as actually giving direct aid," Mitchel said.

November 10, 1983

EZRA

1-800-248-1818

There's help at the end of the line

Call this toll-free Chicago number 24-hours a day every day for

emergency food and shelter, crisis counseling, day-care, health care, legal, financial and employment assistance.

JEWISH FEDERATION/JEWISH UNITED FUND
of Metropolitan Chicago
and their agencies and beneficiaries

Mr. **Jensen**. On your last point, I, as a staff person on the subcommittee for the last 8 years and in various staff positions in Washington for, I guess, 14 years, the whole contribution by the voluntary agencies are what some people would call lobbying but what I call in most cases giving information on what is going on out in the various parts of the country.

It is a very valuable source of information to us, especially now since one thing that OMB has done recently is to cut back on the various research surveys. We of staff, quite frankly, have to have that kind of information to best advise the Members of Congress as far as the broader issues dealing with questions of hunger, unemployment, and so forth.

There are many people over the years, such as Mark Talisman, that I have called before they call me because I knew they had information. And I think that it is very important that we continue to have that kind of dialog and that we hear the views and the information as offered.

Mr. Greenberg, I would like to ask you, as someone concerned with the disabled—and over the past few months we have had quite a dialog with the people from the Interagency Task Force on Disability in Michigan—does your agency deal with these people who have been cut off the disability rolls or insurance? Do you deal with that type of agency, and what kind of response have you had?

Mr. **Greenberg**. The Jewish Vocational Service in Detroit is one of the member agencies of the National Association of Jewish Vocational Services of which I am president. Therefore, I do not have all the answers as to exactly what is happening in that agency in Detroit.

However, I am aware of the fact that I know they are dealing with handicapped and disadvantaged. One of their big problems is the closing of certain mental institutions and so on where the people have been deinstitutionalized and it is necessary to find placement for them and also possible vocational skill training and job placement as well as home placement.

I know they are working with a tremendous number of handicapped—people with physical and mental handicaps.

Mr. **Jensen**. Thank you.

Rick, do you have anything?

Mr. **Von Unwerth**. On behalf of Mr. Fowler, I would just like to thank both of you for that very disturbing testimony and I have no doubt at all about its accuracy but also have no doubt about its usefulness to Mr. Fowler and the committee in approaching these questions.

You have articulated it very well and we thank you very much.

Mr. **Jensen**. Let me make one other comment, too. When we talk about the whole matter, the long-range look at emergency food and shelter, I think perhaps you are aware that one of the basic tenets in the original Social Security Act established both the social security program and also the public assistance title of the Social Security Act, was that Federal funds should not be provided for caring for people in public institutions.

The whole idea is that we not pay for people who are living in what used to be called the poor houses, the alms houses, or the poor farms in the rural areas.

Now we are faced with the dilemma where sometimes public agencies do provide emergency shelter in their own facilities, although it varies from region to region.

I think that this whole matter of how to—when you try to write legislation and try to define what you are going to deal with, how you define how the money is going to be used for emergencies, of course, is very difficult. And that is, of course, one of the reasons there was a lot of flexibility in the emergency food and shelter legislation.

I imagine we will have to deal with that same kind of flexibility in the future, but there will be demands to better define what we mean by emergency food and shelter.

The question came up, are you talking about 1 month or 3 months, and the need as people were talking about not letting people stay in that status but try to assist them in getting jobs and move them on out.

Anyway, it is going to be very difficult and Congress has not looked at Federal responsibility for emergency food and shelter in a very comprehensive way for a long time and it is going to be very difficult. I know we will call on you and others who have testified today for your suggestions in that regard. It is not a new field on the local level but it is a new field as far as trying to sort out the best Federal resource.

I thank you very much for your testimony.

Mr. GREENBERG. Thank you for allowing us to appear.

Mr. JENSEN. The next panel is the panel dealing with social services for the elderly. I would like to have them come forward.

Fred Bell from Atlanta, Ga.; Mr. Bell is a member of the Georgia State Legislative Committee of the American Association of Retired Persons. We have often had that organization represented in testimony before our subcommittee in Washington.

Betsy Styles, Atlanta, Ga., is the director of Northside Shepherd's Center.

Tom Robb, Atlanta, Ga., is the director of the Presbyterian Office on Aging and secretary of the National Interfaith Coalition on Aging. I understand that is the national office of the Southern Presbyterian Churches.

Herb Shore of Dallas, Tex., who is executive director of the Jewish Home and Housing Association.

We are very pleased to have you here and I am sorry you had to have us in front of you instead of two Members of Congress, but let me assure you that we will convey your testimony and a summary of your testimony to the members and it will be very helpful to the subcommittee in its deliberation.

STATEMENT OF FRED W. BELL, MEMBER, GEORGIA STATE LEGISLATIVE COMMITTEE, AMERICAN ASSOCIATION OF RETIRED PERSONS

Mr. BELL. Mr. Jensen, I am Fred W. Bell speaking on behalf of the American Association of Retired Persons of which I serve as a volunteer. I would like to thank Congressman Fowler and members of the subcommittee for this opportunity to comment on the impact on the elderly of Federal social service spending reductions.

My 5-minute comment here will be directed for the most part to the effects of reduction in the social service block grant since that program falls within the jurisdiction of your subcommittee.

Social services or supportive services, as they are termed in the Older Americans Act, are critically important to the elderly. Such services make it possible for older persons to remain a vital part of the mainstream of their communities when loss of income, mobility, health, or significant relationships might otherwise lead to isolation and want.

Among programs that fall into the category of social services are those which operate senior centers, deliver legal assistance, serve meals at home or in congregate settings, provide in-home assistance of various kinds, and make available transportation, education, and training.

These services act as the glue that bond together society and those persons who are temporarily or permanently disadvantaged.

In 1981, when title XX became the social services block grant, a number of changes were made in the program. Though it continued to be a means of reimbursing States for providing social services to low-income persons, restrictions on how States could spend that money were relaxed somewhat and non-Federal matching requirements were eliminated.

The prime purpose of the program remained to prevent or reduce dependency, prevent neglect or abuse of children and adults, prevent and reduce inappropriate institutionalization, and provide a limited range of services to individuals in institutions. Funds to carry out these objectives, however, were cut by 20 percent, from $2.9 billion to $2.4 billion. This was certainly one of the most significant changes of all.

A survey conducted by Congressman Biaggi—I hope I pronounced his name correctly—last year revealed that many States have had to reduce or even eliminate services of great importance to the elderly, such as congregate and home delivered meals, transportation, adult day care, legal and protective services.

Moreover, the survey showed that further funding reductions, as proposed by the administration, would most directly affect the homebound and health-impaired elderly.

Fortunately, Congress resisted administration pressure to cut title XX funds even more and very recently your subcommittee led the way to a $200 million restoration in the program, bringing the permanent ceiling up to $2.7 billion. We strongly commend you for this action.

For the local Atlanta region, we can look at figures in the 1984-85 area plan on aging for some answers. According to that document, the needs of older persons receiving just the four services covered by title XX are growing fast. Home-delivered meals, for instance, are being provided to some 1,077 persons in the Atlanta region, but the projected need is for 2,816 more.

Thus, the unmet need for home delivered meals stands at about 62 percent. Sixteen percent of the cost of this service is paid by title XX.

Similarly, homemaker/chore services and transportation, particularly transportation to medical services, is and has been for some time a major unmet need. More specific information is given in my copy that is submitted to you.

My point, gentlemen, is that Federal social service spending is inadequate to meet current unmet needs, and is especially inadequate to respond to the expanding needs of the future. As the elderly population grows in number, and as a proportion of the U.S. population, these needs will grow more pressing.

For these reasons, AARP deeply appreciates this subcommittee's efforts to draw attention to the impact of reductions in social service spending, and your leadership in restoring funds is badly needed to assist low-income elderly persons and others. You may count on the American Association of Retired Persons' support as you continue to pursue this objective.

Thank you very much, sir.

Mr. **Jensen**. Thank you very much, Mr. Bell.

We will go ahead and take testimony from all of you and then we will have questions.

[The prepared statement follows:]

STATEMENT OF THE AMERICAN ASSOCIATION OF RETIRED PERSONS

On behalf of the American Association of Retired Persons, I would like to thank Congressman Fowler and members of the Subcommittee for this opportunity to comment on the impact on the elderly of federal social service spending reductions.

Social services, or "supportive services" as they are termed in the Older Americans Act, are critically important to the elderly. Such services make it possible for older persons to remain a vital part of the mainstream of their communities when loss of income, mobility, health, or significant relationships might otherwise lead to isolation and want. Among programs that fall into the category of social services are those which operate senior centers, deliver legal assistance, serve meals at home or in congregate settings, provide in-home assistance of various kinds, and make available transportation, education, and training. These services act as the "glue" that bonds together society and those persons who are temporarily, or permanently, disadvantaged.

Social services for the elderly are financed by the federal government primarily through the Social Services Block Grant (Title XX of the Social Security Act) and Title III B and C of the Older Americans Act—Supportive Services and Senior Centers, and Nutrition Services, respectively. Also very important have been services funded through the Legal Services Corporation, which sustained a drastic cutback in 1981, and certain programs administered by the Department of Transportation and Department of Eduction. Although the Social Services Block Grant (SSBG) is more strictly targeted on low income persons than is the Older Americans Act, which gives priority to those with the "greatest social or economic need," there is considerable overlap in what is funded by these two sources. My comments here will be directed for the most part to the effects of reductions in the SSBG, since that program falls within the jurisdiction of your Subcommittee.

In 1981, when Title XX became the SSBG, a number of changes were made in the program. Though it continued to be a means of reimbursing states for providing social services to low income persons, restrictions on how states could spend that money were relaxed somewhat and non-federal matching requirements were eliminated. The prime purposes of the program remained to prevent or reduce dependency, prevent neglect or abuse of children and adults, prevent or reduce inappropriate institutionalization, and provide a limited range of services to individuals in institutions. Funds to carry out these objectives, however, were cut by 20 percent, from $2.9 billion to $2.4 billion. This was certainly one of the most significant changes of all.

Since that time, surveys have been made and hearings held to document the effect of these changes nationwide. Last year, Congressman Biaggi's Subcommittee on Human Services of the House Select Committee on Aging heard testimony from our organization and many others that indicated the need not only for increased funding in the program, but also for increased accountability. A survey conducted by Congressman Biaggi revealed that many states had had to reduce or even eliminate services of great importance to the elderly, such as congregate and home delivered meals, transportation, adult daycare, legal and protective services. Moreover, the survey showed that further funding reductions, as proposed by the Administration, would most directly affect the homebound and health-impaired elderly.

Fortunately, Congress resisted Administration pressure to cut Title XX funds even more and very recently your Subcommittee led the way to a $200 million restoration in the program, bringing the permanent ceiling up to $2.7 billion. We strongly commend you for this action.

Now let me tell you a little about how federal decisions regarding the Social Services Block Grant have played out here at the state and local levels. The state of Georgia received $69 million in fiscal year 1981 under Title XX, which went down to $57.5 million in fiscal year 1982 with the legislated cutback. In fiscal year 1983, $58.7 million was initially allocated to Georgia, and $3.9 million added later with the emergency jobs bill. For fiscal year 1984, I am told, we can expect to have available about $64.6 million.

Funds carved out of Title XX allocation for aging programs amounted to $4.2 million in fiscal year 1980, $3.5 million in fiscal year 1981, $3.3 million in fiscal year 1982, and $3.4 million in fiscal year 1983, to which $909,000 was later added for the particular purpose of improving transportation. In fiscal year 1984, $3.3 million in SSBG funds is expected to be spent on aging services, which have been specifically focussed in Georgia in the areas of homemaker/chore services, home-delivered meals, transportation, and adult daycare.

According to Georgia Department of Human Resources officials who provided these figures, only marginal cutbacks were made in programs funded over this period by the SSBG, and in aging service, virtually none at all. This is because the state made up for cutbacks in federal funds from other sources. The expected increase from this year's restoration will probably simply replace the state supplement, leaving budgeted funds at about the same level as before.

A spokesperson from the Atlanta Regional Commission (Atlanta's Area Agency on Aging) presented a slightly different picture, indicating that cutbacks at the local level did force elimination of the Home Management program at a number of Senior Centers, but apparently Title III funds under the Older Americans Act were used to fill in for most cuts under the SSBG. Of course, even level funding has produced a steady decline in services delivered as costs have steadily increased, but it would appear that the impact of federal spending reductions has not been that severe.

Nevertheless, I would like to suggest that this conclusion is shortsighted. To assess the true impact of federal social services spending decisions, we need to look not only at how state and local government has responded but also at how needs have changed. For that matter, how much of the need was being met in the first place?

For the local Atlanta region, we can look at figures in the 1984–1985 Area Plan on Aging for some answers. According to that document, the needs of older persons receiving just four services covered by Title XX are growing fast. Home delivered meals, for instance, are being provided to some 1077 persons in the Atlanta Region, but the projected need is for 2816 more. Thus, the unmet need for home delivered meals stands at about 62 percent. Sixteen percent of the cost of this service is paid by Title XX.

Similarly, homemaker/chore services now reach 1896 persons in the region, while the projected need for these services is 6151. That leaves a whopping 70 percent of the need unmet, up from a projection of 62 percent in 1980, and homemaker service providers say that even the current level of demand is expected to rise. In 1980, Title XX paid for 71 percent of these services.

In the area of transportation, and particularly transportation to medical services, there is and has been for some time major unmet need. Only in the area of adult day care do we find the anomaly of high projected and expressed need and low actual participation.

I would note that the above mentioned services are *only* the ones that Title XX specifically funds; when the wider range of important social services for the elderly is considered, the figures are even more startling.

Congregate meals provided under Title III of the Older Americans Act, for instance, now serve 3,6[illegible] persons over age 60 in the Atlanta region, but 88,121 such persons are estimated to be in need of this service. Appropriations for this program have risen by a mere $2½ million this year in the face of an Administration-proposed cutback of $32 million. And in the category of residential repair and renovation, some 54,267 persons are said to be in need of assistance.

My point is that federal social service spending is inadequate to meet current unmet needs, and is especially inadequate to respond to the expanding needs of the future. As the elderly population grows in number and as a proportion of the U.S. population, these needs will grow more pressing.

For these reasons, AARP deeply appreciates this Subcommittee's efforts to draw attention to the impact of reductions in social service spending, and your leadership in restoring funds badly needed to assist low income elderly persons and others. You may count on the Association's support as you continue to pursue this objectice.

Mr. JENSEN. Betsy Styles.

STATEMENT OF BETSY STYLES, EXECUTIVE DIRECTOR OF NORTHSIDE SHEPHERD'S CENTER, ATLANTA, GA.

Ms. STYLES. I must join the rest of the panel as we thank Mr. Ford and Mr. Fowler for the opportunity to speak. I feel even more so because I think I represent on this panel the really grassroot, because we are a very, very small agency and so we feel the effects even more so.

I also appreciate the fact that the two Congressmen had to return to Washington to vote. We want them to do that. But I would like to note in the hearing that the elderly are put last, and many times that is what is happening. Yet we have a growing population of the elderly trying to help themselves to stay in their own homes and to prevent institutionalization.

That is the goal of the Northside Shepherd's Center and how it began. I was given the subject of the problems of the elderly accessing services to remain living independently and that is how my testimony will go.

The Northside Shepherd's Center is a 7-year-old inner-city neighborhood based senior citizens center in Atlanta. The center was organized by the elderly, local pastors, local politicians and the director of the gerontology center at Georgia State University.

From a population of 43,000 elderly in the city of Atlanta, the center offers services to 2,400 low-income elderly living in 5 defined communities on the east and west side of the Georgia Institute of Technology.

This very small center which was organized by the community itself, has had problems of accessing the services of the larger community. If the decision to develop a senior citizens center had been made at the planning level of State, city, or the county, the Northside Shepherd's Center would receive various forms of support and networking.

Since the development of the center was reversed, it has had to constantly seek full service. For example, surplus food, flu shots, energy assistance, smoke detectors.

Surplus food is distributed by the easiest route, such as concentrations of the elderly in high rises and those mobile elderly who can get to EOA centers. This excludes a larger portion of the elderly who still live in their own homes and have no connection to EOA centers or other city centers.

The elderly themselves are a great resource of help for each other. Most program services are planned as service to the elderly rather than investigating creative ways to enable services to be given by the elderly. And I list possible employment or meaningful volunteer opportunities.

The myriad of Federal regulations make religious communities, either denominational or ecumenical, reluctant to become involved in the delivery of services. Although the churches are aware that the elderly in their community are in need, the churches observed that efforts to meet these needs are blocked by such regulations as: (1) services determined by a means test rather than by need; (2) the elderly are not permitted to carry food home from a congregate meal site even if they are not hungry and do not want to eat it at that point; and (3) homemaker services are inequitably distributed. For example, the elderly living in a high rise are more likely to receive services than the indigenous one living in his or her own home. Furthermore, it has been observed that homemakers and other support frequently do not complete assignments and require additional compensation for such simple tasks as changing a light bulb.

Fewer Federal regulations that discriminate on the basis of means would encourage the religious organizations to offer facilities, volunteers, and spiritual support to the elderly.

The Northside Shepherd's Center receives over half of its support, both volunteers and financial, from churches, business, and civic organizations. These organizations are committed to the goal of the center which is to enable the elderly to remain in their own homes. However, they do not understand why the elderly are segregated by income level when all are in need of various supports to remain in their homes.

In my judgment, all elderly should have access to basic services to survive in their own community. Difficulties in accessing these services are found in three major areas.

(1) Transportation: Access to transportation designed especially for the elderly is directly related to the elderly's ability to live independently. The three transportation services most needed are for banking, shopping, doctor's appointments and to senior centers for nutrition programs. Public transportation to these services are limited. Specialized needs of elderly such as handicapped conditions, the use of wheelchair or mechanical devices and disorientation make a strong case for the need of transportation designed especially for the elderly.

In 1982, 740 unduplicated persons received transportation monthly in Fulton County, the county where the center is located. Forty-six unduplicated persons were transported monthly to the Northside Shepherd's Center. Fortunately, our center is part of a countywide centralized transportation system that provides service to medical appointments, senior centers with congregate meal programs, shopping and recreation.

An example of how this transportation aided one of our participants who wanted to maintain herself independently is a 60-year-old black, diabetic widow who had lost both legs in separate operations. She was receiving home delivered meals from us delivered by volunteers. Because we could offer her lift bus transportation to the center, she adjusted quicker to her new situation. The social contacts made at the center couple with her strong will enabled her to advance rapidly from a wheelchair to a walker. She credits the center with giving her a sense of direction in her new life. We could not have served her without that specialized transportation.

It is obvious that more funding is needed for this type of service. The population of elderly is growing and they are growing older, some of them frailer. Even though the center is located in one of these five communities it services, many elderly could not get to the center without furnished transportation. In the 7-year history of our center, some of those using the transportation have become frailer and need special handling. Access to transportation has enabled them to continue to get out of their homes and not become isolated.

(2) Nutrition: The present Federal and State emphasis is on accepting the lowest bid for food contracts for home delivered and congregate meal programs, regardless of the quality provided at such a low bid.

I constantly view the discarding by the elderly of uneaten food because it has been dumped out of a can with little or no seasoning or preparation. Loss of taste senses make bland food more unpalatable to the elderly. Lack of variety, the absence of color or the general presentation of the food makes it unappealing for the elderly. The elderly complain of bugs in their food and the "dog food" appearance and taste is the reason they will not eat it.

(3) Health Care Costs: Due to the increase of health care cost, the elderly are refusing to seek needed medical service.

The elderly, with limited income, spend it mainly on housing, food, and medical costs. The higher payment required from the individual elderly eats up their limited oncome.

Consequently, the elderly will not seek needed medical care because they cannot afford the payment. Two recent cases that we came across, now these do not sound very large, but take them in proportion to what they are earning. Mr. and Mrs. B live in their debt-free home on a joint monthly income of $712, which she supplements by babysitting as her health permits. She is hypertensive and diabetic, whose monthly medical bills are $58.31 including that for arthritis. There is no reimbursement on medicare for this prescription drug, I just checked.

Mrs. X, a Caucasian widow of 74, has a monthly income of $378. She pays $85 of this on her house note. Recent medical treatment for a stomach disorder included four outpatient hospital visits for two X-rays and a body scan and gastrophy. Total hospital bill, $726; medicare paid $587; out of pocket, $138. Her doctor bill, $515; medicare paid $377; out of pocket, $137.

Added together, these total $275, added with her $85 housing bill, totals $360 of her $378.

How is she to exist?

My suggestion is to look at the containment of the high cost of hospitalization. This would allow for the more expeditious expenditure of reimbursement on items needed most by those still living independently in their own homes, such as medications, dentures, eye glasses, and hearing aids.

In conclusion, I would like to state that when reductions in funding of elderly services occur in Washington, I witness directly the erosion of the capability of the elderly to remain living independently with dignity. A network needs to be developed between the religious community and public services so that the elderly do not fall through the cracks due to the loss of services necessary to remain in their own homes.

The result for the elderly person would be the development of a positive, supportive environment in which he or she will attempt to remain living independently.

Thank you.

Mr. **Jensen**. Thank you very much.

[The prepared statement follows:]

STATEMENT OF BETSY STYLES, EXECUTIVE DIRECTOR, NORTHSIDE SHEPHERD'S CENTER

The Northside Shepherd's Center is a seven year old inner city neighborhood based senior citizens center in Atlanta. The center was organized by the elderly, local pastors, local politicians and the director of the gerontology center at Georgia State University. From a population of 42,771 elderly in the city of Atlanta, the center offers services to 2400 low income elderly living in five defined communities on the east and west side of the Georgia Institute of Technology.

This very small center which was organized by the community itself has had problems of accessing the services of the larger community. If the decision to develop a senior citizens center had been made at the planning level of state, city or county, the Northside Shephard's Center would receive various forms of support and net-working. Since the development of the center was reversed, it has had to constantly seek full service. For example: surplus foods, flu shots, energy assistance, smoke detectors. Surplus foods are distributed by the easiest route such as to concentrations of elderly in high rises and those mobile elderly who can get to EOA centers. This excludes a larger portion of the elderly who still live in their own homes and have no connection to EOA centers or other city centers.

The elderly are a great 'resource' of help for each other. Most program services are planned as service to the elderly rather than investigating creative ways to enable services to be given by the elderly.

The myriad of federal regulations make religious communities (denominational or ecumenical) reluctant to become involved in the delivery of services. Although the churches are aware that the elderly in their community are in need, the churches observed that efforts to meet these needs are blocked by such regulations as: (1) services determined by a means test rather than the need. (2) the elderly are not permitted to carry food home from a congregate meal site even if they do not feel like eating it at the moment. (3) homemaker services are inequitably distributed. For example: an elderly person living in a high rise is more likely to receive service than the indegenious one living in his/her own home. Furthermore, it has been observed that homemakers frequently do not complete assignments and require additional compensation for such simple tasks as changing a light bulb. Fewer federal regulations that discriminate on the basis of means would encourage the religious organizations to offer facilities, volunteers, and spiritual support to the elderly. The Northside Shepherd's Center received over half of its support, both volunteers and financial, from churches, business and civic groups. These organizations are committed to the goal of the center which is to enable the elderly to remain in their own homes. However, they do not understand why the elderly are segregated by income level when all are in need of various supports to remain in their homes.

In my judgment, all elderly should have access to basic services to survive in the community. Difficulties in accessing these services are found in three major areas;

(1) *Transportation.*—Access to transportation designed especially for the elderly is directly related to the elderly's ability to live independently. The three transportation services most needed are for banking, shopping, doctor's appointments, and to senior centers with nutrition programs. Public transportation to the services is limited. Specialized needs of elderly such as handicapping condition, the use of wheel chair or mechanical devices, and disorientation make a strong case for the need of transportation designed to serve the elderly. In 1982, 740 unduplicated persons received transportation monthly in Fulton County (the county that the Center is located in). 46 unduplicated persons were transported monthly to the Northside Shepherd's Center. Fortunately our center is part of a county-wide centralized transportation system that provides service to medical appointments, senior centers with congregate meal program, shopping and recreation. An example of how this transportation aided one of our participants who wanted to maintain herself independently is 60 years old, black, diabetic, widow who had lost both legs in separate operations. She was receiving home delivered meals from us. Because we could offer her lift bus transportation to the center she adjusted quicker to her new situation. The social contacts made at the center coupled with her strong will enabled her rapid advancement from a wheel chair to a walker. She credits the Center with giving her

a sense of direction in her new life. We could not have served her without the specialized transportation.

It is obvious that more funding is needed for this service. The population of elderly is growing and they are growing older—some frailer. Even though the Center is located in one of these five communities it services, many elderly could not get to the Center without furnished transportation. In the seven year history of our Center some of those using the transportation have become frailer and need special handling. Access to transportation has enabled them to continue to get out of their homes and not becoming isolated.

(2) *Nutrition.*—The present federal and state emphasis is on accepting the lowest bid for food contracts for home delivered and congregate meal programs regardless of the quality provided at such a low bid. I constantly view elderly discarding uneaten food because it has been dumped out of a can with little or no seasoning or preparation. Loss of taste senses makes bland food more unpalatable to the elderly. Lack of variety, absence of color or the general presentation of the food makes it unappealing for the elderly. The elderly complain of bugs in the food and the 'dog food' appearance and taste is the reason they will not eat it.

(3) *Health Care Cost.*—Due to the increase of health care cost the elderly are refusing to seek needed medical service. The elderly with limited income spend it mainly on housing, food and medical costs. The higher payment required from the individual elderly eats up their limited income. Consequently the elderly will not seek needed medical care because they cannot afford the payment. Here are two recent cases: Mr. & Mrs. B live in their debt free home on a joint monthly income of $712 which she supplements by baby sitting as her health permits. She is a hypertensive and diabetic whose monthly medical bills are $58.31 including that for arthritis. There is no reimbursement on Medicare for prescription drugs, I just checked. Mrs. X a caucasian widow of 74, has a monthly income of $378.00. She pays $85.00 of this on her house note. Recent medical treatment for a stomach disorder included 4 outpatient hospital visits for 2 X-rays, a body scan and gastrophy.

	Amount
Total hospital bill	$726.00
Medicare paid	587.76
Balance	138.24
Doctor bill	515.00
Medicare paid	377.60
Balance	137.40

Containment of the high cost of hospitalization would allow for the more expeditious expenditure of reimbursement on items needed most by those still living independently in their own homes. Such as: medications, dentures, eye glasses, hearing aids.

In conclusion, I would like to state that when reductions in funding of elderly services occur in Washington, I witness directly the erosion of the capability of the elderly to remain living independently with dignity. A network needs to be developed between the religious community and public services so that the elderly do not fall through the cracks due to loss of services necessary to remain in their own home. The result for the elderly person would be the development of a positive, supportive environment in which he/she will attempt to remain living independently.

EVERY PERSON
INNTERESTED IN THE
FULLNESS OF LIFE
IN THE MATURE YEARS
SHOULD KNOW ABOUT:

THE
NORTHSIDE
SHEPHERD'S
CENTER

425 Tenth Street, N.W.
(The Tenth St. United Methodist Church)
Atlanta, Georgia 30318
Telephone: 404/875-0509
404/872-1718
Hotline: 892-EARS

THE NORTHSIDE SHEPHERD'S CENTER A MINISTRY OF SERVICE TO OLDER ATLANTANS

Is a multipurpose center for older persons designed to help them maintain an independent life-style while remaining in their own homes. Through meaningful activities, older persons are finding the quality of their lives enriched and deepened.

A network of care and practical help is being created, using the resources of older persons themselves in developing and maintaining this center.

The center relies heavily on volunteers, most of whom are in their mature years, to staff its services. From time to time, new services will be added in response to needs and resources.

The Target Area:

The Northside Shepherd's Center primarily serves residents 60 years and older in the Home Park, Underwood, Palmer House, Roosevelt House, and Loring Heights Communitites. However, the programs and activities are open to all persons, regardless of age or residence.

Program Components

Education - Adventures in Learning:

Each Monday a variety of classes and activities are offered by volunteer instructors and planned to keep older persons in the mainstream of life. Among the many courses offered are current events, travelogues, crafts, the Bible, yoga exercise, home economics for older persons. These courses are free and transportation within the target area is provided by calling the office, 875-0509. There are individual classes of art, music and drama on other days of the week. Call the center for details.

Evening Congregate Meal:
Monday thru Friday a nutritious meal is served. A 50¢ contribution is encouraged.

Excursions & Field Trips: Each Friday transportation is provided to either some point of interest or to a nearby shopping area. Call the center to see what is coming up.

Home Support:
Home support program's main purpose is to develop neighborhood supports to keep the informed elderly in their own home and community. Services offered are 25 home delivered meals within the target area delivered by volunteers.

Home Repair: The Center provides minor home repairs for older persons with such needs. Call the Center with needed repair in the target area.

24 Hour Telephone Answering Service:
If you have questions, needs or suggestions, the center's lines are always open. Through volunteers and the staff you are always put in touch with someone who will attempt to help you. Call 875-0509.

Elder Abuse Referral Service (EARS)
A 24 hour reporting hotline (892-EARS) of abuse cases including physical, psychological, financial or willful neglect.

Health Clinics:
Tuesday Afternoon health treatment prevention, and intervention, including a nursing clinic and physical therapy.

Advocacy:
The Center is continuously on the alert for opportunities to represent and/or support political process relating to the elderly.

FUNDING

Public:

Title XX, State of Georgia
Title III, Atlanta Regional Commission
City of Atlanta (HUD)

Foundations:

Metropolitan Atlanta Community Foundations
Gannett Foundation
Episcopal Charities Foundation
First National Bank of Atlanta
Trust Company Bank
Days Inn

Private:

Northwest Business Association
Northside Kiwanis
Preceptor Omicron of Beta Sigma Phi
Baptist Student Union of Georgia Tech
Urban Action Inc., of United Methodist Church
Mt. Vernon Baptist Church
Peachtree Road United Methodist Church
Northside United Methodist Church
Dunwoody United Methodist Church
St. Mark United Methodist Church
All Saints Episcopal Church
Trinity Presbyterian Church
St. James United Methodist Church
Trinity Presbyterian Church
Atlanta Presbytery
St. James United Methodist Church
Decatur First United Methodist Church
Haygood Memorial United Methodist Church
Tucker First United Methodist Church
Norcross United Methodist Church
Brookhaven United Methodist Church
Underwood United Methodist Church
Baptist Tabernacle of Atlanta
AARP Chapters

Golden Givers:

Individuals who wish to support the work of the center and aid the establishment of an endowment.

Memorial Fund:

A living memorial to the ongoing of the center.

Contributions Can Be Made
In Several Manners:

Send Advance Mission Special Gifts To:
Clyde McDonald, Treasurer
159 Ralph McGill Ave., NE
Atlanta, GA 30308

Direct Contributions To Center Marked
'Northside Shepherd's Center'

Memorial Gifts Acknowledged: Checks made
payable to Northside Shepherd's Center
425 10th St., N.W.
Atlanta, GA 30318

Gifts are tax deductible

Mr. **Jensen**. Mr. Robb.

STATEMENT OF THOMAS B. ROBB, DIRECTOR, PRESBYTERIAN OFFICE ON AGING, ATLANTA, GA.

Mr. **Robb**. Thank you, Mr. Jensen. Please express to Chairman Ford and to Mr. Fowler my appreciation for the invitation to appear this morning.

I am director of the Presbyterian Office on Aging, and permit me to correct you—it is an agency of the Presbyterian Church, U.S.A., which since last June 10 has healed the 123-year separation of the northern and southern branches of the Presbyterian family.

Mr. **Jensen**. The Presbyterian Church I go to once in a while in Vienna, Va., happened to be a member of both. They didn't have to merge.

Mr. **Robb**. The office on aging is responsible primarily to attempt to awaken the church itself to the need to minister more effectively to the more than one-half million members who are over 65 and to the many more millions of persons over 65 in the communities' surrounding congregations. In addition, we are responsible to keep the church informed about legislation and public policy affecting the well-being of older Americans and to represent the church's concerns about these matters.

I should point out that vis-a-vis the earlier discussion on Circular A-122, that the office on aging is supported entirely by the contributions of individual church members and congregations.

We have heard this morning how year after year cuts in the real level of Federal support for social services have seriously impacted large numbers of poor and low income older people, as well as those who are not elderly. Let me comment that the U.S. Conference of Mayors was told a month ago that the large amounts that have been spent in recent years on emergency food and shelter have forced cutbacks in other needed services. The problem has been worsened by a rapid increase in recent years of the cost of basic necessities, such as food, shelter and energy.

Cuts in Federal spending for social services when combined with increased demands for those services as a result of the recession have forced agencies to curtail services, to increase charges, cut staff, to increase staff workloads, to rely more heavily on nonprofessional volunteers.

The administration has suggested that social services are not the responsibility of the Government but of the private sector. Whether we agree with that assumption, it should be pointed out that private spending for social services already represents approximately 40 percent of the total spending. And the charitable giving for social services has been increasing in recent years at an annual rate of 11 percent.

In contrast, Federal spending for social services in current dollars has remained largely unchanged from a level of $6.6 billion during 1979 to a level of $6.4 billion in fiscal year 1982. Corrected for inflation, that really represents a cut of almost 50 percent in real spending.

During the same period, spending for income security increased 58 percent, spending for health increased 68 percent, both reflecting, among other things, the ravages of inflation, since both income security represented primarily by social security and medicare are responsive to inflation.

Spending for social services has not been responsive to inflation. In fact, according to the Urban Institute, the ratio of spending for social services to spending for income security and health has declined steadily from 6.2 percent in 1972 to 2.3 percent in fiscal year 1982. And it is now at the lowest level since the establishment of the Older Americans Act, medicare and medicaid.

The effects of cuts in Federal spending fall most heavily upon the poor, particularly minorities, women, the very old and those living alone. I will not read the evidence that is presented in my prepared statement, but let me comment on one aspect mentioned already earlier this morning.

It was suggested that the poverty index—I guess it was by Chairman Ford—that the poverty index does not fairly represent the situation of older people because it does not include noncash or in-kind benefits that they receive. A 1979 study by the Commerce Department showed that including noncash benefits did not substantially alter the poverty rate. As a matter of fact, if the poverty index did include the market value of in-kind benefits, it would more accurately reflect the effects of yearly cuts in spending for social services because, as those services are cut year after year, the number of people below the poverty index will rise.

There are in effect two populations of older people in the United States. One has enough income to be at least reasonably comfortable, if not well off. The other is poor or, at best, lives marginally. The first group is composed primarily of white males and married couples, most of which are also white. The second group is composed largely of minorities and unmarried women, most of whom are widows.

Because employee benefit programs reward mostly the skilled employees of large corporations, most of whom are white males, the first group has income from employee pensions and private investments as well as social security benefits. The second group is dependent almost entirely on income from social security benefits. Although both groups receive social security benefits, the first group receives higher benefits because benefits are based on earnings and white males earn more than any other group in our society.

Among those who make up the second group, nearly half have incomes below the poverty index. Many more than half have incomes below the marginal level of 125 percent of the poverty index. By definition, the income of this group is only enough for subsistence. There is no margin for emergencies. It is social services which make the difference between survival or nonsurvival for this group. For many, it is social services which make the difference between institutionalization and remaining in the community. Because the need is greatest among the poor, the loss of social services because of spending cuts is felt most severely by the poor.

The administration has suggested that families ought to assume a greater responsibility for the care of aged relatives. In fact, most of the care now provided to frail older people is provided by family members. The National Center for Health Statistics estimates that

2.8 million adults aged over 65 need and receive help from others in carrying out their everyday activities. This is more than twice the number of older people who are patients in nursing homes and other institutions. Most of that care is provided by family members, primarily by daughters and daughters-in-law.

The increased number of women in the labor force in recent years has seriously strained the ability of families to provide care for aged relatives. And, again, the presence or absence of social services often makes the difference between the family's ability to continue to provide that care and the decision to transfer an aged relative to an institution.

It should be cause for concern that the number of Americans over age 85 is the most rapidly growing group in our population and this is the group most in need of social services. It is estimated that 4 in 10 in that age group need help with their everyday activities. That group has increased by more than 60 percent in the last census decade. There are currently 2¼ million Americans over age 85, of whom an estimated 900,000 need help with everyday activities.

By the year 2000, there will be more than 5 million Americans in this age group, and some 2 million will need such services. The ability of families to provide that help will depend then, as now, on the availability of social services. Without social services, the need for institutionalization will increase far beyond our ability to provide it.

I want to underline the issue raised by the Reverend Joanna Adams concerning the question whether the provision of social services should be dependent upon charity and the good will of neighbors, or upon the Government. I should point out that, as I understand our political system, the issue is a matter of justice rather than charity. Justice is often represented symbolically by a woman who carries a pair of scales representing impartiality and who is blindfolded, representing the inability to perceive individual differences.

Let me suggest to you that the older traditions of justice represented in the Scriptures of the Christian and Jewish faiths suggest that justice is not a matter of impartiality, but of equity; and that justice is not a matter of blind response without regard to individual differences, but precisely a sensitivity to those differences and to those needs.

Mr. Fowler spoke to an earlier group today and quoted from Shaw's "Pygmalion," the speech in which Professor Higgins recommends that the ideal of civilization is to treat people equally. Let me add to that the suggestion that the goal of Government might well be to emulate the principles stated in the Hippocratic oath, to seek to do only good and to do no harm.

Much of the legislation which currently implements social services in this country in fact does harm. The assumptions of Government that there are acceptable levels of unemployment, that there are acceptable levels of poverty, do harm to the individuals who are unemployed as well as poor.

In closing, let me suggest that given the principles on which this Nation operates, there are no acceptable levels of either unemployment or poverty.

Thank you.

[The prepared statement follows:]

STATEMENT OF THOMAS B. ROBB, DIRECTOR, PRESBYTERIAN OFFICE OF AGING

Mr. Chairman and members of the committee: I am pleased to have this opportunity to appear before you. I am Dr. Thomas B. Robb, director of the Presbyterian Office on Aging, Atlanta, Georgia, a national agency of the Presbyterian Church (U.S.A.). The Office of Aging trains leaders and publishes program resources for the Church's ministries with more than 500,000 members who are over age 65. In addition, we are responsible to keep the church informed about legislation and public policy affecting the well-being of older Americans and to represent the Church's concerns about these matters. The Office on Aging is supported entirely by the contributions of individual church members and congregations.

Year after year cuts in the real level of Federal support of social services for the elderly have had serious impact on large numbers of poor and low-income older Americans.

Despite reports of rapid economic recovery, food and shelter remain an urgent need for many people. The U.S. Conference of Mayors was told last month that despite extraordinary efforts by private organizations and local governments to feed needy people, the problem of hunger and malnutrition in the United States continues to grow. Local efforts fail to reach many who are hungry and those who are fed may receive inadequate nutrition. The sub-committee on nutrition of the House Agriculture Committee heard recently that low-income and elderly individuals surveyed last summer by emergency food and health centers in New York State were consuming only half the recommended daily intake of calories.

The number of homeless people seeking emergency shelter has increased in almost every major city. It is estimated there will be 3,500 homeless in Atlanta this winter. Downtown churches are currently able to provide space for about 1,000. Efforts to open additional shelters for homeless people, many of whom are elderly, have been resisted in Atlanta and elsewhere, by residents and businesses who don't want the shelters in their neighborhoods.

The U.S. Conference of Mayors was told that the large amounts spent on emergency food and shelter have forced cutbacks in other needed services. The problem has been made worse by drastic cuts in Federal assistance combined with high costs for basic necessities, such as food, shelter and energy.

Cuts in Federal spending have affected other community services as well. In a recent Urban Institute study, 40 percent of the 3,400 non-profit groups surveyed reported increased demand for social, legal, employment, housing, health, mental health and other services. Most of the groups surveyed serve older people. Because of decreased Federal assistance for their programs, more than half the groups had had to curtail services or increase charges. Many had also had to cut staff or increase work loads, and rely more heavily on nonprofessional volunteers.

The shift of Federal spending from categorical grants to block grants programs has had an adverse effect as well. In a recent study by the American Psychological Association, 48 percent of the community mental health centers surveyed reported adverse effects on their programs as a result of establishment of the Alcohol, Drug Abuse and Mental Health Administration block grant program. Three-fourths reported they had had to cut staff and a similar number had curtailed services. Nearly 10 percent had eliminated services to the aging. In several states, funds were being focused on the chronically mentally ill at the expense of programs for both children and the elderly.

It has been suggested that social services are the responsibility of the private sector rather than of government. Without agreeing to that assumption, it can be pointed out that private spending for social services already accounts for more than 40 percent of the total. According to the American Association of Fund Raising Counsel, charitable giving for social services has increased at an average of 11 percent annually for several years. In order to offset the reduction in real Federal spending for social services between fiscal years 1981 and 1983, individual and corporate giving for social servcies would need to increase at a rate of 40 percent. Even in the most prosperous of times that is improbable.

Federal spending for social services has remained largely unchanged for several years, decreasing slightly from $6.6 billion in fiscal year 1979 to $6.4 billion in fiscal year 1982. During the same period, spending for income security increased 58 percent from $145.2 billion to $228.9 billion, and spending for health increased 68 percent from $30.2 billion to $50.7 billion. The ratio of spending for social services to spending for income security and health has declined steadily from a high of 6.2

percent in fiscal year 1972 to 2.3 percent in fiscal year 1982. The ratio is lower now than at any time since the establishment of Medicare and Medicaid, and the enactment of the Older Americans Act. [Source: Office of Management and Budget, cited in Palmer and Sawhill, "The Reagan Experiment" (Urban Institute Press, 1982) p. 323.]

The effects of cuts in Federal spending for social services fall most heavily on the poor, minorities, women, the very old and those living alone. Retirement income is unevenly distributed to White males and their spouses. In 1981, median annual income was $8,600 for White males, $4,900 for White females and Black males, $3,500 for Black females. Fewer than one-fifth of White males had incomes under $5,000. Nearly 4 out of 5 Black females had incomes under $5,000. In 1981 the Federal poverty index was $4,359 for an elderly individual, $5,498 for an elderly couple.

Poverty among the elderly has declined markedly in a quarter century, dropping from 35.2 percent of those over 65 (1959) to 14.6 percent in 1982. But 3.8 million older people have incomes below the Federal poverty index and another 2.4 million fall below the "marginal poverty" line of 125 percent of the poverty index. According to the Bureau of the Census, White women are twice as likely as White men to be poor. Black men are four times as likely and Black women five times as likely as White men to be poor. Those who live alone are more than three times as likely to be poor as those living in families. More than two-thirds of Black women living alone are poor, compared to 9 percent of White women living in families.

It has been suggested that the poverty index does not fairly represent the situation of older people because it does not include non-cash or in-kind benefits they receive. A 1979 Commerce Department study showed that including non-cash benefits did not substantially alter the poverty rate. If market values for food and housing assistance were counted as income, the poverty rate remained 12.9 percent of those over age 65. If the poverty index did include the market value of in-kind benefits, it would more accurately reflect the effects of yearly cuts in spending for social services.

Minorities are severely affected by spending cuts. A 1982 study of six cities by the U.S. Civil Rights Commission found that minority older persons were in poverty at a much higher rate than non-minority persons and that minority older persons were consistently underserved. Minorities were not usually involved in the area planning process for aging services and area agencies on aging did not have outreach activities designed to include more minority elderly in service programs. A recent study of the Washington D.C. area found that one-fourth of the Blacks and one-third of the Hispanics interviewed needed help that was available but didn't seek it. Among their reasons were: lack of information about the availability of the needed help, language barriers, complicated application procedures and lack of transportation.

The persistence of relatively high poverty rates among the elderly is attributed by the Census Bureau to three factors:

(1) A large portion of older people with incomes below the poverty line do not take advantage of means-tested programs intended to help. Nearly 50 percent of elderly poor households receive neither cash nor in-kind benefits.

(2) Most of the $200 billion spent in fiscal year 1982 for the elderly was committed to social insurance programs. Less than $16 billioin (2.1 percent) was spent to help low-income elderly persons through cash or in-kind means-tested programs.

(3) The principal means-tested programs, such as Supplemental Security Income, pay maximum benefits which are below the poverty level.

There are, in effect, two older populations in the United States. One has enough income to be reasonably comfortable, if not well off. The other is poor or at best lives marginally. The first is composed primarily of White males and married couples, most of which are also White. The second group is composed largely of minorities and unmarried women, most of whom are widows. Because employe benefit programs reward most the skilled employees of large corporations, most of whom are White miles, the first group has income from employee pensions in addition to Social Security benefits. The second group is dependent almost entirely on income from Social Security benefits alone. Although both groups receive Social Security benefits, the first group receives higher benefits because benefits are based on earnings.

Among those who make up the second group, nearly half have incomes below the poverty index. Many more than half have incomes below the marginal level (125 percent of the poverty index). By definition, their income is enough only for subsistence. There is no margin for emergencies. The need for social services falls most heavily in this group. Because the need is greatest here, the loss of social services because of spending cuts is felt most severely here.

It has been suggested that families ought to assume greater responsibility for the care of aged relatives. In fact, much of the care now provided to frail older people comes from family members. The National Center for Health Statistics estimates that 2.8 million adults over age 65 need help from others in carrying out everyday activities. This is twice the number of older people who are patients in nursing homes and other institutions.

The ability of families to care for aged relatives is directly related to the availability of such services as adult day care, respite care, home delivered meals, legal assistance, and other social services. Most of the care of aged relatives is provided by women, chiefly daughters and daughters-in-law. The rapid increase in the number of women who are employed full-time increases the pressures on women trying to care for husbands and children, maintain family income, and also care for aged relatives. The availability of social services such as those just mentioned often makes the difference between caring for older family member at home or transfer to a nursing home.

The need for help from others increases sharply with age. Among those aged 65 to 74, only one in ten need help with everyday activities. Among those over age 85, four in ten need such help. The "old-old", those over age 85 are the fastest growing age group in the United States, increasing by more then 60 percent since 1970. There are currently two and a quarter million Americans over age 85, and a quarter million Americans over age 85, of whom about 900,000 need help with everday activities. By the year 2000, more than 5 million Americans will be over age 85, and some 2 million will need help with everyday activities. The ability of families to provide this help will depend then, as now, on the availability of social services. Without adequate social services, the number requiring institutional care will increase dramatically.

In the year 2010, the first of the "post war babies" will begin to retire. Because of the very high birth rate in the years following World War II, the impact on institutions and social services, and on families will be incredible. We must begin now to expand the capability of social services to meet that need.

Mr. JENSEN. Thank you very much, Mr. Robb.

Our last witness is Mr. Herbert Shore. Mr. Shore, I think you should blame the staff and not the members as far as how you are placed. This is the worst job that we have—to develop witness lists. And our apologies are for you being the last panel to testify.

I, too, am concerned that sometimes, especially with the SSI population, that I have a big responsibility as far as staff on the subcommittee, that we do not have enough advocates such as yourself to talk about that particular population, especially the second group that you were talking about, Mr. Robb, of those who do not have other income besides social security and SSI.

My apologies for you individually, Herb, as far as being the last of the last panel. But let me make assurances to you that this is no indication what either we or the members feel as far as the needs of the elderly.

Herb.

STATEMENT OF HERBERT SHORE, EXECUTIVE DIRECTOR, JEWISH HOME AND HOUSING ASSOCIATION, DALLAS, TEX.

Mr. SHORE. Thank you very much, and I appreciate the opportunity to appear before the group. I commend you for coming out of the ivory halls in Washington and joining the rest of us. I hope this will continue.

Mr. JENSEN. It gets kind of rough up there.

Mr. SHORE. I feel that it is particularly important that you meet with groups such as this and come around the country for those of us who cannot get to Washington, and I really hope that you will continue this.

Ms. Styles, in her comments, indicated that the elderly were placed last, and I could not help but think about a series of paradoxes that confront us. If, indeed, the efforts of your committee and of Congressmen Ford and Fowler are successful—and we pray they are—in helping those who are hungry, those who are disadvantaged, those who are unemployed, those who are afflicted with alcoholism, with drug addiction and all the other blights on our society—if you can assist any of these individuals, what you will do in effect is contribute to their longevity. You will enable them to become survivors.

But the unfortunate thing is that these are people who are out of the mainstream of our society. They have been victimized by our failures in the health system, in the education, employment and welfare, and all the other systems, so that by the time they reach their later years, are even more fragile, even more vulnerable, even more impaired, even more needy. A whole host of paradoxes and myths exist.

I have seen statements in congressional reports that there are numbers of old people in institutions who do not belong there. By the same token, I have recently seen some statistics that indicate that fully half of all of the older people residing in institutions today suffer from Alzheimer's disease.

I think it is significant that during this hearing there was no reference made to the fourth leading killer, fourth leading cause of death in the United States. And as traumatic and as terrifying as Alzheimer's disease is to the individual who suffers from it, let me tell you that it is equally terrifying for the caretaker and the family member.

One of the great dilemmas that we have is that in our society we have created programs that fragment and in a sense have a piecemeal approach to providing certain kinds of services. If you are old and sick and poor, you might have access to certain services. But in most of our States—and I speak now for our association and for the facility that I represent—an individual who is a victim of Alzheimer's disease is not deemed as having an illness, a mental illness or mental incapacity or impairment, is not an exotic physical disability, therefore, those individuals are not eligible for medicaid assistance or for a level of care.

One of the growing Catch-22's that we have, is that in a society that has contributed to longevity because of the biomedical technical revolution, because of high tech, because of the graying of America, we have significant larger numbers of older people who will live longer. And as successful as we are in developing noninstitutional services—and I applaud the Shepherd Center and all of the other efforts—we will never have sufficient space, and we should not institutionalize individuals who do not need it.

The simple truth is that there are vast numbers of older people who have physical and mental impairments who will require our assistance. Unfortunately, a game develops in which we decide that there are *x* number of people who will be medicaid certifiable. Unfortunately, the State that I come from has a constitutional limitation on welfare spending, and as such there are just so many dollars in the pot that can be allocated to medicaid. There are just so many people who can get on the rolls.

Consequently, it is the computer, not the condition of the individual, not the suffering of the individual or family, that makes the decision as to who gets the level of care and who gets some kind of reimbursement and who gets into the system. There are just so many places on any given day and increasingly individuals who 2 years ago or last year would have been medicaid certifiable because the need and the condition exist, are being denied that level of care.

No individual with a diagnosis of Alzheimer's disease is medicaid certifiable in the State of Texas.

I checked into a hotel room at 1 a.m., my plane was delayed, and I got in at 1 a.m. this morning and I vacated that room at about quarter to 7 this morning. I had a very nice room, clean sheets and a couple of towels. When I checked out, I had a special rate because I was attending the conference, and I paid $60 and change for 4 or 5 hours of occupancy of that room.

I did not get reimbursed $60 for the care of two medicaid patients 24 hours a day around the clock nursing care with all of the regs and everything else that is required in the great State of Texas. And that is one of the significant dilemmas that all of us have. The reimbursement and the system of reimbursement is left very much to the whim and fancy in the treasuries in the State and as a result, individuals are cast out of the system and suffer in the system.

When our compassionate President was Governor of the State of California, he discovered that it would be possible to transfer individuals from mental retardation facilities into the intermediate care network, thereby getting some Federal reimbursement under ICF programs, rather than State support for mental retardation. And by utilizing this mechanism, what we again did was overload the medicaid programs. There is nothing wrong with having mental retardation on ICF if there was additional funding for it.

So what I am essentially saying is that we have a complete nonsystem. In this fine city, one of our denominational homes, Wesley Woods, which is an outstanding Methodist facility, nationally known, elected to go out of the medicaid program a year and a half ago because they could not continue to deficit finance the State of Georgia in the medicaid program.

The point that I want to make is I really think it behooves us to take a long and hard and serious look at the entire medicaid reimbursement system. There was legislation passed that indicated that by 1978, medicaid would be reimbursed as reasonably cost-reimbursed. That has never been effectuated in the States, and I think there is some significant failure and a lot of people are victimized and a lot more has to be done about that.

Another problem that we are confronting is a kind of a Catch-22 in which if an individual enters one of our care facilities and receives the kind of care and services that they require and some rehabilitation, they are no longer deemed in need of medical and nursing care and therefore thrown off the rolls.

There has been a wholesale dumping of individuals in institutional facilities in Ohio, Pennsylvania, and in Texas. There is a disincentive to provide that kind of care. And if one comes in and says well this individual looks as though they can function adequately, they function because they have a support system in the facility, they have the silent crutches of services. These individuals cannot be returned to the community. We do not have the community services that would support them.

If you look at the VA experience where individuals come into the hospital and are domiciled, 6 weeks later they are back in the hospital and get domiciled. It is a revolving door, and I think again public policy has to avoid the revolving door.

I understand that largely through the efforts of Mr. Talisman and some others that some of the cuts in housing, particularly in the 202, subsidized low-income for the elderly, have been restored. We applaud that effort; it was sorely and desperately needed.

On the other hand, I suggest to you that we need to look at the way in which HUD applications are processed. In our own city, a fund reservation a year and a half ago has yet to get final approval, during which time there have been three edicts of cost containment and the cost of inflation continues to escalate so that programs that are designed to provide services for the economically underprivileged are being cut back to the point where they cannot get built.

And we have a nonsystem within HUD today where no one can make a decision. Perhaps we need to see if we cannot speed up the process by which those facilities that have made requests will have an opportunity to do something about them.

Last, there is before the Congress some additional and further talk about family supplementation to reduce the cost of medicaid. You and I know that in our country today there is a situation in which there is not filial responsibility. With the restoration of family supplementation, the danger will be that any contributions from relatives will reduce the inadequacies of medicaid support that are presently in place. Further, the facilities and institutions, the agencies, will be asked to police and pursue and do the recordkeeping, adding to the cost of receiving any kind of supplementation.

The point is, that there is no net gain to the facilities that are deficit financing the Federal Government, if indeed any family support, is reduced from whatever medicaid payment there is. I visited with an administrator here this morning who said their institutional costs are about $56 a day. I would hazard a guess that maybe a third of that is because of the cost of meeting regulations.

In our facility the cost is $52 a day. We are reimbursed at $27.80 a day, which means we voluntarily support the indigent medicaid persons to the tune of half a million dollars a year in our facility. If a family supplementation process gets into place which further reduces medicaid assistance, you are going to place the medicaid indigent recipient in further jeopardy.

It is not a question of quota systems for who will be served and who will not; it is a question the patient makes and, as has been so ably stated, the private sector has reached its limit in what it can absorb.

Again, I thank you for the opportunity to be present and to present these statements, and I will submit some written testimony.

Mr. JENSEN. Thank you very much, and thank you to the whole panel. Rick, do you have any questions?

Mr. VON UNWERTH. I would just like to say on Mr. Fowler's behalf that we appreciate very much not only your appearing here today to testify, but your involvement with these populations and these issues. Without the involvement of people like you, of course, these populations really would not be served and also without your testimony and your willingness to share your information with us, Congress would not be aware of these problems. So we do appreciate it.

I want to just share a quick story with you. When I called Betsy Styles to invite her to testify, from my office in Washington, very few elderly around or very few people in need of services around where I was sitting in a big Capitol Office Building, I called down there and got somebody on the phone who said that Betsy was there, but that she was leading the singing and so, before I could stop her and say that I would call back later, she left, and as she went to get Betsy, I heard the sweet strains of Amazing Grace coming out of the back room and it was just absolutely wonderful.

The power of those voices was amazing to me, I am sure it was two rooms away and you could hear that singing. That is the grass roots, that is involvement at the level that we need to hear from, and I only wish this committee could have heard those voices on that day.

We do thank you very much for your testimony and again for your time as volunteers and as professionals in this important work.

Mr. JENSEN. I hope that in the coming months, perhaps we can take a further look at the SSI program. It is going to be 10 years this January 1 since the beginning of the SSI program.

There was legislation we tried to get through shortly after, a few years after the program was started, and we had oversight hearings at that time.

And we have yet to get some of that legislation through. It would get bogged down in more comprehensive and controversial legislation related to AFDC and there is little consent as far as how to deal with those issues.

Here again, I do hope that perhaps we can call on you and you can come to Washington, if that can be worked out, to testify before the full subcommittee, and I assure you your testimony will be very helpful.

I think this whole matter, Betsy, that you brought up as far as the means test is an issue that has been around quite a while. It was one of the basic questions to be dealt with in development of the title XX program, realizing that the Older Americans Act's means test, title XX which oftentimes supplements Older Americans Act programs, oftentimes requires that.

Dealing with the dilemma of how you deal with priorities in the population and I know we gave States flexibility back 5 or 6 years ago in title XX to deal with that, but with the tremendous unmet need, it is a question of how you balance.

Ms. STYLES. Well, what I was referring to was the fact that in a community, you have people with different incomes, and just recently, we were publishing the amount that you could earn to receive surplus food, and a couple was just over that amount, and he walked out of the office, having been counseled that he could not receive surplus food, walked into the general social hall where you heard Amazing Grace and said, "Well, I guess I just cannot even come to Northside Shepherd's Center because my income is not low enough."

So he transferred what surplus food qualified to what services he could receive and were justified. That is what I am referring to, is the feeling of rejection that older persons feel because of income level.

Mr. JENSEN. I do hope that you have conveyed to the Education and Labor Committee in the House that you are concerned regarding accepting the lowest bid for your food program. That sounds like something that certainly should be looked into and perhaps called to their attention but—not as senior citizens, but having children in school and school lunches, you can hear how many times they do not want to eat it because it does not look very good.

Imagine the same problems, but this sounds much worse than just a matter of how it looks, this is a matter of unhealthy food. I will convey that and perhaps we can have some discussion with you and the Labor and Education Committee which has jurisdiction over the Older Americans Act, which I assume is where the regulations are at.

This whole question of relative responsibility is one that we grapple with in many ways and in AFDC and SSI and medicaid, and there is no consistent policy in that regard. It is an almost impossible issue to deal with, and we have the President at times saying that, well, we are going to disregard parents' income to provide in-home care for this ill child out in Iowa, we have got a waiver for that, we are just not going to count income.

If that child had been in an institution there would have been no counting of income. You really cannot separate the question of relative responsibility from those larger kinds of questions of when you deem income from parents, when you deem income from spouses, when do you reduce people's income because of living in somebody else's household. It is a very complex issue.

Mr. ROBB. May I add one comment, Mr. Jensen? The issue of relative responsibility in terms of care of frail and elderly is a bit of a red herring. The typical nursing home patient whose family is being asked to shoulder some of the care is over 85 years of age.

Even if we disregard the fact that a large number of nursing home patients have no immediate family, and that is why they are there, the children, the adult children of a nursing home patient over the age of 85 are themselves likely to be close to 65 or over that age and themselves retired, which is, in a sense, to put a second generation of retired persons in jeopardy economically and compound the problem.

Mr. JENSEN. I understand that is a problem as far as the number of people, the very old, old as far as the elderly and the increasing problem in that regard.

Again, thank you very much. Our apologies for the members not being here. As I said, we will convey this information to them.

Also, if you have made statements which you have not provided to the staff, please do so before you leave, and if you have other material you would like to have entered in the record, as the chairman said, we will want to have that included so that we have that material.

Let me assure that this information is used. I conveyed to someone the fact that someone wrote to the subcommittee 5 or so years ago on a certain issue and when we were dealing with that same issue on reauthorization, I dug into my files and found that information and it was very useful as far as providing information to the subcommittee members.

Let me assure you that it is used and if not immediately, over time it is very useful.

Thank you again. The hearing is adjourned.

[Whereupon, at 12:47 p.m., the hearing was adjourned.]

[Submissions for the record follow:]

STATEMENT OF THE AMERICAN JEWISH COMMITTEE, SUBMITTED BY: EVAN M. BAYER, PROJECT DIRECTOR, AND DR. GARY A. TOBIN, RESEARCH CONSULTANT

JEWISH ECONOMIC DEPENDENCY AND DISLOCATION

I. Introduction

The American Jewish Committee, founded in 1906, is this country's pioneer human relations organization. Concerned with the alleviation of intergroup tensions and with the maintenance of community harmony, AJC works with other religious, ethnic and racial groups to insure effective social policies that safeguard America's pluralistic society -- a society that is dedicated to meeting the basic human needs of all Americans so that groups need not compete with one another for the essentials of life. In 1947 AJC recognized the relationship between particularistic Jewish concerns and this universal domestic agenda:

> Equality for Jews is related to equality for all; Jewish interests are best served in a society in which all have equal opportunity.

This was elaborated on further in a 1965 statement that recognized AJC's role in the fight against poverty:

> Equal opportunity for all cannot be achieved unless we have full as well as fair employment, housing and education and AJC is therefore properly concerned with the effort to reduce or eliminate poverty.

With the publication in 1971 of "The Invisible Jewish Poor"(1) by Ann G. Wolfe, former AJC Social Welfare Consultant, the American Jewish Committee identified an estimated 700,000 - 800,000 Jewish poor in the United States. Approximately two-thirds of the identified Jewish poor in 1971 were elderly, but the other third was made up of "single, unrelated people or families, many with young children, some headed by one parent." Ms.Wolfe pointed out that "the difficulty of addressing oneself to the subject of Jewish poverty has to do with its invisible nature."

Today, these two categories continue to make up the bulk of Jewish poor and, reflecting similar patterns in the general society, primarily consist of women. In addition, new categories of economically dislocated Jews are just beginning to be identified.

As a major center for research, policy analysis and development on issues of concern to the Jewish community, AJC is currently studying these economically disadvantaged and vulnerable populations, focusing primarily on the newly identified categories of economically dislocated Jews -- the unemployed and underemployed middle class. Through a project called

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(1) Wolfe, Ann G, "The Invisible Jewish Poor," Journal of Jewish Communal Service, Vol.XLVIII, No. 3 Spring 1972.

"Jews on the Edge," AJC has gathered data from local Jewish demographic studies and service agency reports and is providing the first national, inter-community analysis of marginal Jewish populations. This statement is drawn from that national analysis. We hope to increase the Jewish community's and the general public's understanding of these populations and plan to translate the information into policy recommendations that will strengthen democratic pluralism and more effectively meet the basic human needs of all Americans.

II. Jews on the Edge: Defining the Problem

"Jews on the Edge" are a combination of a number of subgroups. We define a Jew on the edge as a disadvantaged individual who is hampered from full participation in both secular and Jewish economic, social, or cultural life. This does not imply, of course, that all individuals will have equal wealth or enjoyment. It does require, however, that all individuals have adequate food, shelter, health care, and access to social and religious institutions and services. Estimates of the economically disadvantaged and vulnerable populations generally are between 13% and 15% of the total Jewish population. Chicago reported, for example, that:

> Our recently conducted Chicago Metropolitan Jewish Population Study reveals that there are 37,000 economically disadvantaged and vulnerable Jews in our community, which is about 15% of our estimated Jewish population of 248,000. These individuals are represented in 19,000 houesholds (18% of all Jewish households) composed largely of the elderly and young families.

The figures are approximately the same in St. Louis, and preliminary analysis of other cities reveals similar patterns. Clearly, this is not a localized, nor a temporary problem .

Recent cuts in social programs and the severe impact of the recession have added to the vulnerability of certain subgroups. A study done by the Jewish Board of Family and Children's Services of New York City found that:

> middle to lower-middle class families, who up till now have been able to sustain themselves financially, are beginning to fall through the safety net, creating a new group of poor in our communities.(2)

The study pointed out that, following cuts in public aid programs, one-third of all Jewish households receiving public benefits lost all or part of such benefits and, in 11 percent of the Jewish households involved, jobs had been lost or working hours reduced.

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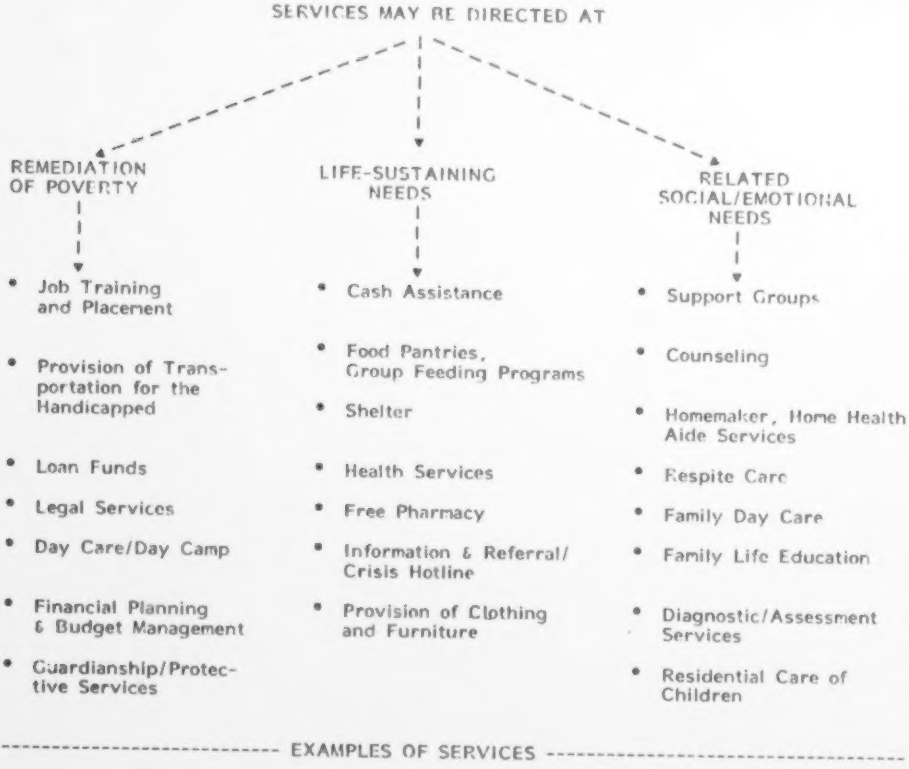
(2) The Jewish Board of Family and Children's Services, Falling Through the Safety Net: A Study of the Impact of Human Service Cuts and Unemployment on New York City Families in 1982, New York: The Jewish Board of Family and Children's Services.

As we sought to clarify our understanding of the different groups of clients requiring a variety of services we found it important to define the populations under consideration, their characteristics, and the potential effects specific services might have. The model outlined below was one product of that effort.



SERVICES MAY BE DIRECTED AT

REMEDIATION OF POVERTY

- Job Training and Placement
- Provision of Transportation for the Handicapped
- Loan Funds
- Legal Services
- Day Care/Day Camp
- Financial Planning & Budget Management
- Guardianship/Protective Services

LIFE-SUSTAINING NEEDS

- Cash Assistance
- Food Pantries, Group Feeding Programs
- Shelter
- Health Services
- Free Pharmacy
- Information & Referral/Crisis Hotline
- Provision of Clothing and Furniture

RELATED SOCIAL/EMOTIONAL NEEDS

- Support Groups
- Counseling
- Homemaker, Home Health Aide Services
- Respite Care
- Family Day Care
- Family Life Education
- Diagnostic/Assessment Services
- Residential Care of Children

EXAMPLES OF SERVICES

and physical disorders, and the mentally ill.

5. Unemployed, underemployed.

6. Family and individual crisis. Recently divorced, drug abuse, and other related problems,

III. Data on Economically Dependent and Dislocated Jews

A. Jewish Unemployment and Underemployment

Despite many economic indicators which reflect an upward trend and the signs that recovery from the depths of the recession has begun, millions of unemployed still face a grim future. The total number of people hit by unemployment in the course of a year is substantially higher than the monthly employment figures. Thus in 1982, average monthly unemployment was 10.7 million persons, but 26.5 million workers were jobless during the year.

In August 1983, 10.7 million people were officially counted as unemployed by the Bureau of Labor Statistics. But an additional 1.7 million "discouraged" workers had given up entirely and of those employed, 5.8 million were forced into part-time jobs. Over 18 million Americans suffered job and income loss in August of this year.

The length of unemployment is at a post-war high and the level of structural unemployment has been increasing with each cyclical recession. Therefore, the decrease in unemployment between December 1982 (the end of the recession according to the National Bureau of Economic Research) and August 1983 still left 2.8 million people, over 65 percent, unemployed as a result of the recession. (3)

These facts are important in understanding Jewish unemployment because it is the changing structural nature of our economy as much as the recession itself that has created the victims -- the economically dislocated -- that we will be describing.

Jewish unemployment is a growing problem despite an improved economy. The National Association of Jewish Vocational Services reported marked increases in caseloads over the past two years as well as a change in the type of client: Professional, technical and managerial levels clients: women entering or returning to the labor market; retirees seeking to augment their fixed incomes; college graduates with liberal arts degrees trying to enter the work force; former owners of small businesses that have failed; Soviet emigrees who have been laid off or retrenched. (4)

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(3) "The Dim Outlook for Jobs," AFL-CIO News, September 10, 1983

(4) "Impact of Economy on Jewish Families and Individuals: Impact on Jewish Vocational Services," NAJVS Report, National Association of Jewish Vocational Services, October 12, 1982.

An analysis of the 1981 St. Louis demographic study reveals the following profile of the unemployed in that year, when the unemployment rate was about 3% of the Jewish population:

Fifty-eight percent of unemployed are male.

Fifty-nine percent of unemployed are under 35.

Seventy-four percent of unemployed are in the $25,000 income bracket.

Seventy-six percent of unemployed are married.

Sixty-two percent of unemployed are white collar. Fifteen percent are in sales.

Eighty-two percent of unemployed have at least some college.

Thirty-eight percent of unemployed have children.

Fifty-six percent of unemployed do not belong to a syngogue.(5)

These data were corroborated by data collected in 1983 from the St Louis Jewish Employment and Vocational Services. It showed that 25% of the clients seen were professional, 12% were executives or managers and another 27% were in sales. Nearly 64% had some college education, except for the over 50 group which included many with a high school diploma only. Furthermore, about 5% of those seen were from outside St. Louis, a phenomenon several JVS personnel have reported, as Jews move from one city to another looking for employment.

Table 1 shows a sample of clients from the Atlanta JVS. Thirty-three percent of the Jews who have requested employment help were women under age 29. The occupation with the most unemployment (30%) in that sample was clerical. These data illustrate the special vulnerability of Jewish women who tend to have less education and less occupational mobility than Jewish men. The St. Louis demographic study revealed a similar pattern.

The Metropolitan New Jersey JVS (see table 2) has seen primarily professionals (64%) between age 30-49 with advanced degrees (90%). One of the myths about Jews is that all Jews are "professionals." While it is true that a disproportionate number of Jews are professionals, and that an increasing number of Jews by age cohort are professionals, most Jews are not professionals. Table 3 shows that each city has a blue-collar population from 4% to 11% and substantial population in the clerical and sales occupations.

Dr. Ephrain H. Royfe, Executive Director of the Philadelphia JEVS, describes the factors contributing to the current levels of Jewish unemployment as cuts in governmental funding which have eliminated social work and other service positions; the decrease in teaching and university positions resulting from decreased population and student enrollment; the drastic increase in the number of small business failures; and the lack of opportunity for Jewish college graduates with degrees in liberal arts. Each new reality involves an area to which Jews traditionally have been drawn. Dr. Royfe refers to "a loss of 150,000 manufacturing jobs in the Philadelphia area in the last decade" which has led to a decrease in the number of engineers, sales and marketing personnel, attorneys, accountants and others who support a manufacturing base.(6)

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(5) Tobin, Gary A, A Demographic and Attitudinal Study of the Jewish Community of St. Louis, St. Louis: Jewish Federation of St. Louis.

An analysis of the St. Louis JEVS data revealed two highly vulnerable subgroups of unemployed: the over 50 workers with less education and many years of experience in one occupational area (often small business owners) and the young worker, highly educated but unemployed or underemployed. Andrew Hacker in a New York Review article entitled, "Where Have the Jobs Gone?" describes both of these vulnerable populations:

> ...among those counted as unemployed there were [in 1983] 395,000 men aged fifty-five or over who want full-time work. It seems likely that many of them will never work again; and since sixty-two is the earliest age they can start on Social Security; their next several years will be rocky ones indeed.
>
> A striking feature of recessions -- indeed of depressions as well -- is how many people hold on to well-paying jobs...Hence also the spectacle of parents secure in well-paid positions, while their children are having difficulty landing a first job. Such parents are often well-enough off to subsidize their underemployed offspring, more than a few of whom are moving back home. These in-family transfers many ease the economic strain, but they do nothing to create employment for the coming generation. (7)

There are implications of growing Jewish unemployment for Jewish continuity and stability. For one thing, economic disadvantage often leads to alienation or disconnection from the Jewish community. Reports from around the country suggest that memberships are down in synagogues and communal institutions. Rabbi Ernst J. Conrad of Temple Kol Ami in West Bloomfield, Michigan points out that it is young families of professionals, educators or business persons who are most affected. There are also serious implications of the growing number of educated young Jews who are unemployed or severely underemployed. Albert I. Ascher, the Executive Director of the Jewish Vocational Service and Community Workshop of Detroit, characterizes this group as "a new generation of downwardly mobile Jewish youth who now doubt that their level of occupational achievement will equal to their parents."(8)

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(6) Hyde, Ellen G, "The New Poor," The Jewish Exponent, April 22, 1983.

(7) Hacker, Andrew, "Where Have the Jobs Gone?," The New York Review, June 30, 1983

Although these seem like parochial Jewish concerns, they are really representative of the broader implications of unemployment and underemployment in the general society. Andrew Hacker described the same conditions that we have indentified in the Jewish community as general problems. Our concern about the diminished expectations of our youth is being echoed in the Italian community. Communal cohesiveness provides the "mediating structures" that support and maintain stability in the society. A weakening of these produces anomie and alienation.

B. Low income and marginal Jews

Poverty can be defined in the following way:

> ...a family is judged to be poor when its income is insufficient to purchase food, clothing, shelter and health services necessary to meet minimum standards. The poverty threshold is an attempt to define minimum current flows of money income which can support a family.

These minimum standards need to be adjusted over time, but they are also subject to changing definitions and social norms of what is sufficient. Nowhere in these definitions, however, is there room for concepts of participation in Jewish communal life and certainly no allowance for minimum standards of active religious life. Testimony before Congress in 1975 discussed the Jewish poor, with some attention given to religious Jews who need higher allowances of defining poverty due to the need for Kosher food, religious schools, synagogue support, and other extraordinarily high costs of social and religious participation. (Congressional Record-House, May 5, 1975, p. H3647). These costs of affiliation in the Jewish community must be taken into account in order to understand Jewish disadvantage.

Although most low income Jews are elderly, a growing number of low income Jews are young families with children. Like the general population, many of these are single parent households which we will discuss in more detail in a later section of this paper. Benjamin D. Sprafkin, former Executive Director of the Jewish Family Service in Philadelphia, described this category of Jews "on the edge" in the following way:

> There is fourth group significantly in numbers. While they cannot be called poor, their financial base is a precarious one. These are families who have not been able to build up any reserves and who usually live from hand to mouth. This financially struggling group is really a new under-privileged group, with no major source of help to fall back upon at a time of crisis.(9)

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(8) Ascher, Albert, "Unemployment Among Detroit's Jews," Sh'ma, March 4, 1983

(9) Sprafkin, Benjamin R, "The Jewish Poor; Who are They? Are we Helping Them Enough?," Journal of Jewish Communal Service, Vol. XLIX, No.3, Spring, 1973

Chicago's Jewish Federation identified 18,500 Jews who they describe as vulnerable - "living just on the edge, consisting mainly of young Jewish familie earning between $10,000 - $20,000 per year. One serious problem with housing, health, or legal matters could and most likely would wipe them out." Chicago also did an analysis through the Illinois Department of Public Aid that revealed a change in the age distribution of Jewish adults who received public assistance between 1982 and 1983. "In 1982, approximately 40 percent of the adult recipient were over age 65, whereas by 1983 the number over age 65 declined to 26 percent.' The number of Jews on public assistance increased over 30 percent between 1982 and 1983 - much of that increase was among young families with children.[10]

Changes in eligibility standards for government assistance programs have put many economically marginal Jews "over the edge" into dependency. Although Jewish social service agencies have tried to respond to the needs of this vulnerable population, the problem of the low-income, marginal family requires comprehensive public policy planning so that they don't continue to fall "through the safety net."

C. Jewish Elderly

The Jewish community in the United States is aging far more rapidly than the general population. Whereas 28 percent of the national population was under age 15 in 1970, only 23 percent of the Jewish population was in this category. Yet, the general population had only 10 percent over the age of 65 compared to 12 percent of the Jewish population that same year.(11) Table 4 shows that the aging trend is continuing within the Jewish community in relation to the National Jewish Population Studies figures of 1971.

A very clear trend towards an aging population is seen in the 50-70 age brackets. While the NJPS reported 22% in this age range, recent surveys report between 18% (Denver) and 32% (St. Paul). This is further substantiated by the "over 70s" where an NJPS proportion of 7% is updated by a preponderance of communities with more than 10% in this bracket, going as high as 26% in Miami.

The table also reveals a significant increase in the population over 70 and, in some communities, of the over 80 population. This corroborates reports from Jewish social service agencies of a growing number of two-generation elderly families with retired adult children having to care for elderly parents - a situation that results in even greater economic vulnerability for retired adult children on fixed incomes.

Age in itself, of course, does not denote a dependent population. A number of factors interact to make the elderly among the most vulnerable populations. These factors are low income, disability, unemployment and underemployment, and lack of access to services. The problems often reinforce one another, resulting in greater permanent dependency.

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(10) Mitchel, Michael, "The worsening Plight of Chicago's Poor Jews," Sentinel, October 6, 1983,

(11) Sidney Goldstein, "Jews in the United States: Perspectives from Demography," American Jewish Year Book, Vol. 81, 1981.

Table 5 shows, for example, that 48% of the economically disadvantaged in Chicago are 65 years of age, defined by income levels. Looked at another way, Tables 6, 7 and 8 for Miami, Seattle, and St. Louis show that a large proportion of the older households have very low incomes. For example, over 17% of households over 65 had household incomes of under $5,000, and another 43% had incomes between $5,000 and $15,000.

The importance of Social Security as a source of income is seen in Table 3, which shows the source of income for households in Miami by age. The authors of the Miami study write that:

> Over 90% of those under the age of 50 have salary or earnings from a business as the major source of their income, as do 70% of those between 50 and 64. On the other hand, only about 14% of those 65 and over receive most of their income from salary or earnings from a business. In contrast, Social Security and pensions is the major source of income for 52% of those 65 and over. Interest and dividends are the major source of income for 26% of the elderly.

In Seattle, about 20% of the single person, elderly households had incomes of less than $4,000 per year, and another 27% had only between $4,000 and $7,000. In the two-person households, over 20% had annual incomes of under $7,000.

As budgets are more constrained, the ability of the elderly to participate in Jewish life are limited. They must either drop synagogue memberships, or receive subsidies. As individuals move from active supportive roles, they are sometimes reluctant to become the recipients of "religious welfare." Many individuals choose rather to drop participation than to make the transition from giver to recipient.

Many elderly do not drive or have easy access to public transportation services and, therefore, services are often inaccessible, even to those households that do not have severe income limitations. For the disabled or frail, the questions of access are even more serious. Coupled with fears of an unsafe environment, many elderly become self-isolated.

These data stress the following:

1. A high and growing proportion of the Jewish population is over the age of 65 and the number of Jews over 80 is increasing as well.
2. Age in itself does not connote dependent populations. This dependency is linked to low income, disability and poor health, lack of access and isolation.
3. Service programs for the elderly are faced with the complex issues of isolating the dependence producing factors and breaking the cycle of creating dependent elderly populations. Most older people are not dependent, and many more could be independent with proper programming and planning.
4. Chief among the service needs of the elderly is vocational retraining and rehabilitation. Many individuals would prefer to work, at least part-time. Such activity would help reduce long-term dependency, in terms of income, health, and self-isolation.

D. Disabled

Jewish disabled families often drop out of the Jewish community becoming • "invisible" and therefore difficult to assess in terms of their service needs. The disabled are often low-income, unemployable and require long term support. Even families with adequate incomes are vulnerable to the chronic dependency and high costs of care.

Data on Jewish disabled are very rare. Most local demographic studies do not collect any, much less detailed information on the disabled. Tables 9 and 10 from St. Louis show that 8% of the population is disabled to some extent. Estimates of the proportion of the population that is severely disabled are about 2% to 3%, according to national norms, and it should be expected that the Jewish population is approximately the same, or slightly higher, given the age distribution of Jews.

E. Single-Parent Families

Although the Jewish single-parent family rate is still below the level in the general community, it continues to reflect the growth patterns in the general population. The profile of the Jewish female-headed household, as in the general community, reveals a state of economic vulnerability and often dependency.

In general, the incomes of single parent households are far below the median of the rest of the Jewish population. In St. Louis the income of female-headed households is approximately half of the rest of the Jewish population. The St. Louis study shows 84 percent of their single-parent households headed by women. Cleveland's study reports 80.8 percent. Twenty-four percent of these women in Cleveland are full time homemakers. The demographic data on Chicago Jewry shows that while single parent households which included children account for only five percent of all Jewish families, they constitute 8.5 percent of economically disadvantaged households. Furthermore, children under 18 years of age are 21 percent of the total Jewish population in the Chicago area, but nearly 10 percent of them are members of disadvantaged families.

These data suggest that while the Jewish single parent family rate is still lower than the general population the Jewish female-headed household is a good example of Jews on the edge.

IV. Policy Implications

One of the reasons that AJC is focusing primarily on economic dislocation is because of the implications that this issue has for the general community. In the next several decades, the work force will begin to reflect the demographic reality of an aging population with the largest cohort being over 40 years of age. The Jewish community, which is aging at a faster rate, is especially vulnerable to the current problem of economic dislocation of over-40 workers due to plant closings and layoffs, small business failures, and the pressure to retire workers early in order to save money on younger, lower-salaried employees. Special attention needs to be given to the protection of this group and to the development of retraining and placement programs that can make the best use of this valuable human capital.

Attention must also be given to the easing of fears and frustrations of our youth as they enter a glutted labor market. More and better counseling programs that provide information and support services can open up the options for these young people.

Our analysis of the Jewish aged suggests continued concern about adequate income maintenance for this economically vulnerable population, particularly as the number of two-generation elderly families continues to grow. Long term care issues are especially relevant to this population. Marginally poor elderly have been hard hit by changes in eligibility requirements in government aid programs. AJC feels that proposed changes in eligibility requirements in order to save money must be carefully evaluated in terms of the effects on the near-poor population before being implemented.

The disabled, whether low income or not, need better and more residential facilities or sheltered housing for mentally ill and mentally retarded. The emotionally, mentally or behaviorally disordered child and adult are the most "invisible" and therefore the most vulnerable of the disabled population. The need for more or better support services, such as temporary respite care for families caring for their own disabled members, is an important community responsibility and could provide the opportunity for an effective private-public partnership.

Finally, there is a need for greater flexibility in defining those in need and targeting government services. In a pluralistic society, communal values and standards differ. These values must be protected if we are to maintain cohesive, stable and productive communities. Inflexible government regulations can hinder the ability of communities to effectively take care of the economically dependent and dislocated in their population.

A key issue is the role of government, especially the Federal government, and the voluntary sector in the provision of human services. The American Jewish Committee is committed to a strong Federal role to insure that basic human needs are adequately met. At the same time, we feel that mediating structures (e.g. family, neighborhood, schools, religious and ethnic institutions, and voluntary associations) should, where possible, play a role in caring for those human needs. We believe that those Federal programs that encourage a public-private partnership should be supported and strengthened and that adequate funding be provided so that the qualified voluntary agencies can maintain needed human services.

Table 1

Sample of Clients Seen by
Jewish Vocational Services
in Atlanta in 1983

	Men	Women	Total
Age			
29 or less	38%	66%	52%
30 - 49	42	22	32
50 plus	20	12	16
Education			
high school or less	16	24	20
some college	62	66	64
advanced degree	22	10	16
Occupation			
professional	18	12	15
managerial	26	26	26
sales	34	12	23
clerical	14	46	30
blue collar	2	4	3
other	6	--	3
Marital status			
married	50	20	35
Children	44	28	36

Table 2

Sample of Clients Seen by
Jewish Vocational Services
in Metropolitan New Jersey in 1983

	Number Seen	Percent
Age		
29 or less	9	18
30 - 49	32	64
50 plus	9	18
Education		
high school or less	4	8
some college	1	2
advanced degree	45	90
Occupation		
professional	32	64
managerial	10	20
sales	1	2
clerical	--	--
blue collar	1	2
other	5	10
none listed	1	2
Marital status		
single	14	28
married	30	60
divorced	5	10
widowed	1	2

Table 3

Occupation[1]

		% Professional	% Managers/ Proprietors	% Sales	% Clerical	% Blue Collar
Chicago*	1982	33	21	21	15	10
Cleveland	1981	39	22	17	12	10
Los Angeles	1979	34	16	20	19	11
Miami	1982	31	27	17	17	9
Minneapolis	1981	23	42	<--- 25 --->		10
Nashville	1982	43	34	9	10	4
Rochester	1980	45	19	<--- 26 --->		10
St. Louis	1982	29	20	33	12	6
St. Paul	1981	27	38	<--- 26 --->		9
Seattle	1979	40	29	20	<--- 11 --->	
NJPS	1971	28	34	12	16	10

[1] Housewives, students, retired, unemployed, and unknown excluded from figures; percentages recomputed to include only those employed for wages.

*Respondent and spouse only.

Source: Tobin, Gary A. and Lipsman, Julie A, "A Compendium of Jewish Demographic Studies," Perspectives in Jewish Population Studies. Waltham, MA: Brandeis University, Center for Modern Jewish Population Studies.

Table 4

Age

		% 0-9	% 10-19	% 20-29	% 30-39	% 40-49	% 50-59	% 60-69	% 70+
Chicago	1982	21		35		30			14
Cleveland	1981	22		11	33		20		14
Denver*	1981	12	9	22	21	11	10	8	7
Los Angeles	1979	16	13	19	13	14	13	8	4
Miami	1982	9	11	8	11	7	10	18	26
Minneapolis	1981	12	15	12	15	12	12	11	10
Nashville	1982	21	7	11	41			20	
New York	1981	9	12	16	13	12	14	13	10
Rochester	1980	12	8	14	17	29		20	
St. Louis*	1982	11	14	14	14	12	13	11	11
St. Paul	1981	10	12	11	13	8	16	16	14
San Diego	1979	14	16	9	21	24		16	
Seattle	1979	20	12	23	10	22		13	
NJPS	1971	12	20	14	11	13	13	9	7

*One or more age categories will vary 1-2 years from the designated range:
For Denver, the categories are: 0-9; 10-17; 18-29; 30-39; 40-49; 50-59; 60-69; 70-94
For St. Louis, the categories are: 0-10; 11-20; 21-30; 31-40; 41-50; 51-60; 61-70; 71+

Source: Tobin, Gary A. and Lipsman, Julie A, "A Compendium of Jewish Demographic Studies," Perspectives in Jewish Population Studies. Waltham, MA: Brandeis University, Center for Modern Jewish Population Studies.

Table 5

Age Distribution of Economically Disadvantaged Individuals
(Chicago)

	Estimated Number	% of E.D.	% E.D. of Total Age Group
Under 18	800	4.3	1.5
18 - 29 years	4,000	21.6	8.5
30 - 49 years	2,500	13.6	3.4
50 - 64 years	2,300	12.4	5.5
65 - 74 years	5,000	27.0	25.5
75 and over	3,900	21.1	43.0
TOTAL:	18,500	100.0	

Source: Jewish Federation of Metropolitan Chicago

Table 6

Major Source of Income by Age
(Miami)

	Up to 35	35-49	50-64	65 and Over
Salary	80.6%	69.3%	46.9%	8.6%
Earnings from a business	10.8	23.3	22.7	5.8
Interest, dividends	1.3	1.9	14.3	26.4
Principal	.0	.8	1.6	5.0
Social Security, pensions	3.4	1.6	13.5	52.3
Other	4.0	3.0	1.0	1.7
Total (N = 1060)	100.0	100.0	100.0	100.0

Source: Jewish Federation of Miami

Table 7

The Estimated Annual Incomes of Jewish Households Headed by Elderly Persons, By Size of Household
(Seattle)

	Size of Household			
	One Person		Two or More Persons	
Income	Number	Percent	Number	Percent
Less than $4,000	97	20.1	53	6.2
$4,000 - $6,999	105	21.8	123	14.3
$7,000 - $9,999	70	14.5	61	7.1
$10,000 or more	210	43.6	622	72.4
TOTAL	482	100.0	859	100.0

Source: Jewish Federation of Seattle

TABLE 9

IF YOU HAVE A DISABILITY, WHAT LIMITATIONS DOES IT CAUSE?
(respondents and spouses)

Limitations	Number	Percent
Severely limits access to receiving services	42	59.3
Somewhat limits access	22	28.9
Does not limit access to services at all	7	9.2
Don't know	5	6.6

TABLE 10

IS THERE ANYONE IN THE HOUSEHOLD WHO NEEDS ANY ASSISTANCE IN PERFORMING EVERYDAY FUNCTIONS?

Needs Daily Assistance	Number	Percent
Yes, all the time	21	2.3
Yes, most of the time	21	2.3
Yes, occasionally	26	2.9
No, not at all	838	92.5

Source: Jewish Federation of St. Louis

STATEMENT OF LYNDON A. WADE, EXECUTIVE DIRECTOR, THE ATLANTA URBAN LEAGUE, INC. ATLANTA, GA.

I'm Lyndon A. Wade, Executive Director of the Atlanta Urban League, Inc. Our Agency, founded in 1920 is a broad-based community service organization providing services in employment and housing. We are non-partisan, non-profit and interracial in our leadership and staff. We use the tools and methods of social work to effect changes in the lives of our constituents.

During 1982 we served over 5,000 Atlantans opening doors of opportunity in employment and housing. We are a member agency of the United Way of Metropolitan Atlanta and receive additional funding from the State, county, city and Federal governments, corporations and foundations.

Throughout our history, we have maintained a deep and abiding interest in the welfare of Black youth—their development socially, educationally, morally, economically and of course, their opportunities for obtaining and sustaining satisfying employment. According to the 1980 census, Blacks 19 years old and younger totaled about 40 percent of the total Black population; of this group, approximately three million were between 15–19 years of age—the toughest target group of Black youth unemployment.

Black youth often find themselves in a cycle of poverty. They are, in many cases, poor because their parents have been unemployed or underemployed and they remain poor because of their inability to obtain a good education. As of October, 1980, 20 percent of all Blacks age 18–19 years had neither completed nor were enrolled in a school. In today's increasingly technological society, it is considered a necessary prerequisite to have at least a high school diploma.

Thus, about one out of every five Black teenagers will enter adulthood and the job market without even the basic tools to compete for employment at anything other than unskilled labor or low-skilled jobs. Many of these youths will be plagued all their lives by periodic and/or chronic unemployment. They are more likely to be involved in crimes, to be alcohol or narcotics addicts and to suffer from general ill-health due to the lack of adequate medical care.

Two years ago, the Black youth unemployment rate was 45 percent—a higher rate than for all Americans during the depression. For many Black youths, employment means more than working after school for pocket change or for luxuries. It means the ability to support one's self and to contribute to the well-being of one's family. Many of these youths live in female-headed families with incomes below the poverty level; some are parents themselves.

In the metro Atlanta area alone, the Georgia Department of Labor estimates that over 12,000 youths between the ages of 14–21 are chronically or structurally unemployed. Approximately 60 percent of the unemployed youth are Black. I have addressed some of the characteristics which can describe unemployed Black youth today. Now, I would like to discuss some of the external factors affecting minority youth seeking employment.

New rapidly developing areas of industrial growth are occurring outside of the existing transportation networks. Consequently, applicants who would fill the low- and semi-skilled blue collar jobs are effectively shut out. More incentives or prodding needs to be provided to employers to locate in closer proximity to public transportation or to develop van pooling programs.

While the official unemployment rates are high, even the Labor Department admits that they may not be entirely accurate. The National Urban League's Research Department (using a formula based on computations made by the Joint Economic Committee of Congress) has exposed hidden unemployment.

The factors used in the Hidden Unemployment Index are: Underemployed Workers taking part-time work when they need full-time work and Discouraged Workers who have abandoned the search as hopeless. There are thousands of people who never engage the system in a positive way and workers whose unemployment benefits have expired.

Black workers are disproportionately represented in the categories above and, when these elements are factored into the Labor Department's formula, the percentages of Black unemployment often exceed twice the "officials" rate.

Even in good economic times, Black unemployment rates are double White unemployment rates; we are dealing with a long-term, deeply embedded structural relationship in the economy. High rates of Black unemployment are not a temporary phenomenon.

Often there is confusion concerning the definition of the chronic or structurally unemployed. At the Urban League, we have identified a number of characteristics which typify the elements of structural unemployment. Each of these elements must be addressed by services to assist persons in overcoming the problem of unemployment.

The factors are: Skill Deficits, Educational Deficits, Discriminatory Hiring Practices, Improper Attitudes and Inappropriate Work Behaviors, Need for Supportive Services; transportation, child care, medical care, etc.

A. Skill Deficits

The Atlanta Public School system should be commended for the emphasis placed on vocational training through comprehensive and magnet high schools. However, the unemployed youth of today has had little opportunity for meaningful on-the-job training which is an avenue to skill development and upward mobility.

Historically, minorities have been excluded from apprenticeship programs which are a widely used alternative system for skills attainment and upward mobility. Many youngsters have not explored the opportunities available in the skilled trades.

The skilled trades area remains inaccessible to the majority of Black youth. Sadly, many high school counselors are still not attuned to the advantages of vocational education in and after high school. We need to improve the access minority youths have to skilled trades and apprenticeships. Vehicles should be developed to provide the training necessary to gain entry into these occupations.

B. Educational deficits

From the early grades, schools should be seen by youths as relevant to the employment world. A clear connection between education and employment should be demonstrated. Although the Atlanta Public Schools have made great strides in improving basic education, many young Blacks facing unemployment today suffer from academic deficits. We see daily in our offices many high school graduates who are incapable of completing an employment application.

C. Discriminatory hiring practices

Unfortunately, even after the decade of the sixties and the push for Affirmative Action and Equal Opportunity, we find that race is still a factor in employment decisions. There is, too often, an informal quota that exists which severely limits the number of Blacks hired. Many companies are fearful of being overwhelmed by Black employees. Discrimination is still institutionalized in American society.

Even today, racial stereotypes are prevalent in the workplace. The racial bias that is often times inherent in the interviewer will effectively screen the applicant out. Artificial barriers impact the assessment process. We strongly feel that many of the employment tests, while they may have passed the validation muster, are not necessary for meeting the job requirements. In addition, frequently the skills that the applicant has are not transferable to the test that are given.

Too often, Blacks are absent from the higher ranks of management. This makes it very difficult for Blacks to penetrate the infrastructure of many companies, particularly the small and medium-sized ones, who often use the "grapevine" as an informal system of recruitment.

D. Improper attitudes and inappropriate work habits.

Although the areas of improper attitudes and inappropriate work habits are frequently excluded from discussions of structural unemployment, our experiences in training members of our client population for employment has taught us that candidates who cannot adjust to the work environment will remain chronically unemployed.

Because of the dearth of employed role models in his environment, particularly in jobs with upward mobility, the structurally unemployed candidate is often unprepared for the "corporate culture." This lack of exposure to the "world of work" may lead to low achievement and eventual dismissal, if the candidate is hired in the first place.

Moreover, there is a sub-population of female heads of household who are at even greater risk in entering the employment mainstream. More often than not they are at the bottom of totem pole in marketable skills, valid work histories and possess a multiplicity of social problems that impact on their sheer survival.

Our experience is that this population has not attracted sufficient national concern or attention. The Atlanta Urban League is currently addressing the needs of this group with our Career Opportunities Program which is funded by the Rockefeller Foundation to provide employability training and job placement for female heads of household.

TABLE 8
(St. Louis)

INCOME BY AGE

Age	0-$9,999		$10,000-19,999		$20,000-29,999		$30,000-49,999		$50,000-99,999		$100,000 or More	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
21-35	15	9.7	29	18.8	21	13.6	49	31.8	36	23.4	4	2.6
36-50	4	3.0	11	8.3	22	16.5	38	28.6	46	34.6	12	9.0
51-65	6	4.8	14	11.1	18	14.3	32	25.4	39	31.0	17	13.5
Over 65	42	39.6	28	26.4	8	7.6	17	16.0	6	5.7	5	4.7
TOTAL %		13.1		15.9		13.2		26.1		24.4		7.3

Source: Jewish Federation of St. Louis

E. Need for supportive service

Many within the structurally unemployed group require one or more supportive services in order to become employable. In our training programs we have offered at one time or another transportation, child care, remedial education and personal and vocational counseling to our clients. Medical and legal services may also be required if these trainees are to perform optimally.

In conclusion, while CETA has been replaced by the Jobs Training Partnership Act (JTPA), there still are questions as to whether this will do the job. Program designs that do not include the flexibility or expansion of time to erase or eliminate the personal dysfunctional elements of the unskilled, fall short of the meaningful policies needed to correct these problems.

Even though there have been efforts throughout the years to eliminate or reduce youth unemployment, we at the Urban League know that the plight of unemployed youths continues to fester.

We commend the nationally organized effort of corporations such as IBM who have committed their resources to provide access to training opportunities such as our Data Processing and Clerical Training Center, which provides training in data entry, word processing and advanced clerical skills. They have joined with community-based organizations across the country to maximize training opportunities.

Businesses should be challenged to follow the thrust of IBM toward serious corporate commitment.

Even if the private sector continues to fund more and more employment and training efforts we cannot count on them to completely replace the federal funding to attack the multiple and massive employment problems of Black youth.

It should be of extreme urgency to this Committee, the entire Congress and Executive Branch to rethink the current approaches and make the elimination of youth unemployment a number one priority. To do less is to condemn an entire generation to the junk-heap of welfare dependency, poverty and a lifetime of missed opportunities.

STATEMENT OF ROBERT W. SCHERER, GEORGIA POWER CO., ATLANTA, GA., AND NATIONAL ALLIANCE OF BUSINESS

Mr. Chairman: Thank you for the opportunity to appear before the subcommittee to discuss the problem of unemployment, particularly youth unemployment.

My name is Robert W. Scherer, chairman and chief executive officer of Georgia Power Company. I am a member of the regional advisory board of the National Alliance of Business, a body principally composed of chief executive officers of corporations headquartered in the Southeast. As you know, the formation of the alliance in 1968 was spurred by social conditions directly related to the problem of high unemployment among the Nation's youth. The alliance has maintained a focus on the problem since. I believe my observations today reflect the experience and views of the members of the NAB regional board, as well as those of Georgia Power Company, a major employer which has directly operated and supported special employment programs targeted at the problem in Atlanta.

I need not spend these few minutes inviting your attention to the magnitude of the youth unemployment problem, particularly for minority youth. The monthly figures issued by the Bureau of Labor statistics scope its dimensions in impersonal statistics. The situation in the city of Atlanta follows the national pattern—the burden of unemployment is borne most heavily by youth, particularly minority youth.

In Atlanta, as throughout the Nation, the rates are strikingly different among the major demographic groups. Jobless rates for blacks continue to be more than twice that for whites. The differential is greatest for teenagers where the unemployment rate of 52 percent among blacks was nearly three times that for whites.

The combined youth unemployment rates in the city of Atlanta, as elsewhere, are higher than the rates for all residents. Previous data indicate that youth unemployment in Atlanta consistently exceeded the national rate.

I do not believe you need from me today any instruction in translating those impersonal statistics into the personal, human realities of imperiled ambition and frustrated hope, or into their implications for families, communities, and the Nation in terms of human and institutional stresses, and loss of talents and capabilities for economic and social accomplishments.

What I think you want from me is my perspective on what might be done legislatively by the Congress to encourage or advance the solution to the problem of youth unemployment. I say "encourage or advance the solution" deliberately. There is no quick fix to the problem. We need a little intellectual humility as we approach the issues and respect for their interlocking complexities.

The Job Training Partnership Act of 1982 (JTPA) took effect October 1, 1983. The system is barely in place. We have no basis in experience yet for judging its potential for reducing this (youth) unemployment problem. The legislative debate was thorough and there was nearly unanimous agreement in the Congress on certain principles and approaches embodied in the Job Training Partnership Act: The public-private partnership; a more substantial role for the private sector to better link training related decisions to the needs of business; the de-emphasis and separation from training legislation of public service employment which had so dwarfed and distorted the training purposes of the Comprehensive Employment and Training Act (CETA); a stronger leadership, oversight and coordinating role for the States coupled with local autonomy over training decisions; a realistic emphasis on performance and results rather than process. The principles underlying JTPA are sound. They have led to one JTPA accomplishment already; active participation on state job training coordinating councils and local private industry councils of business persons with high level policy and management responsibilities. (I note in this regard, Delta Airlines Chairman David C. Garrett, Jr.'s leadership of the advisory council to Governor Harris of Georgia and Southern Bell's Chairman John Clendenin's acceptance of the chairmanship of the Private Industry Council of Atlanta. Both Mr. Garrett and Mr. Clendenin are active members of NAB's national and regional boards, respectively).

Of course, JTPA's success will depend on widespread business support and involvement. I believe that will be forthcoming as the private sector generally becomes familiar with the changed congressional policies and emphases reflected in the act.

The JTPA places proper focus on youth unemployment with its requirement that 40 percent of the program funds be targeted at this group among the economically disadvantaged.

I am encouraged by the act's provision for performance standards for youth which include developing employment competencies and educational achievements. This feature adds its own stress to the simple truth that the absence of basic educational skills is a root cause of structural unemployment. The marketplace will require an increasingly skilled work force. There is little present and less future place in the work force * * * even in times of economic prosperity * * * for persons without the basic educational skills and learning attitude. We must view special, compentency development programs such as the JTPA as regrettable necessities, not as the norm. Our goal must be to make our educational and other social institutions function so effectively that large scale, specially funded programs for developing basic competencies become unnecessary.

However, the remedial types of programming for economically disadvantaged youth and adults funded under title IIa of the JTPA is a present necessity to deal with the present reality. I ask this subcommittee to examine the JTPA funding level. Between 3 percent and 4 percent of the labor force is unemployed for "structural" reasons, unlikely to be readily employable in the the best of economic times. It is difficult to come by hard figures as to what percentage of the structurally unemployed can be served with the level of JTPA appropriated for fiscal year 1984. We do know it is a small fraction of the total number needing JTPA program help. I am sure we agree it would be imprudent and wasteful to overfund the new JTPA system. But the Congress must be conscious of the fact that reducing the previous level of appropriations for training the economically disadvantaged is not an encouraging sign of its support for the JTPA or recognition of the eagerness of the disadvantaged to enter the economic mainstream. And, I will add, especially at a time when the business community is being asked to take a leadership role.

Let me take a moment here to cite local statistics that refute the myth that disadvantaged youth do not want to work or are unstable workers. The 1983 summer youth programs operated by the private industry councils of Atlanta and Fulton County interviewed nearly 1400 youth and found jobs for 555 of them under the summer youth employment program. Job attendance of youths hired was good. Negative terminations were less than 5 percent. The Georgia Power Company participated in and supported the summer youth employment program. A senior officer of Georgia Power, Pierce Head, coordinated the summer program for metropolitan Atlanta as he has for the past four (4) years. Pierce and I can personally substantiate the report of the private industry councils. Our company employed many of the Atlanta teenagers as well as underwriting a day camp for the younger economically disadvantaged youth.

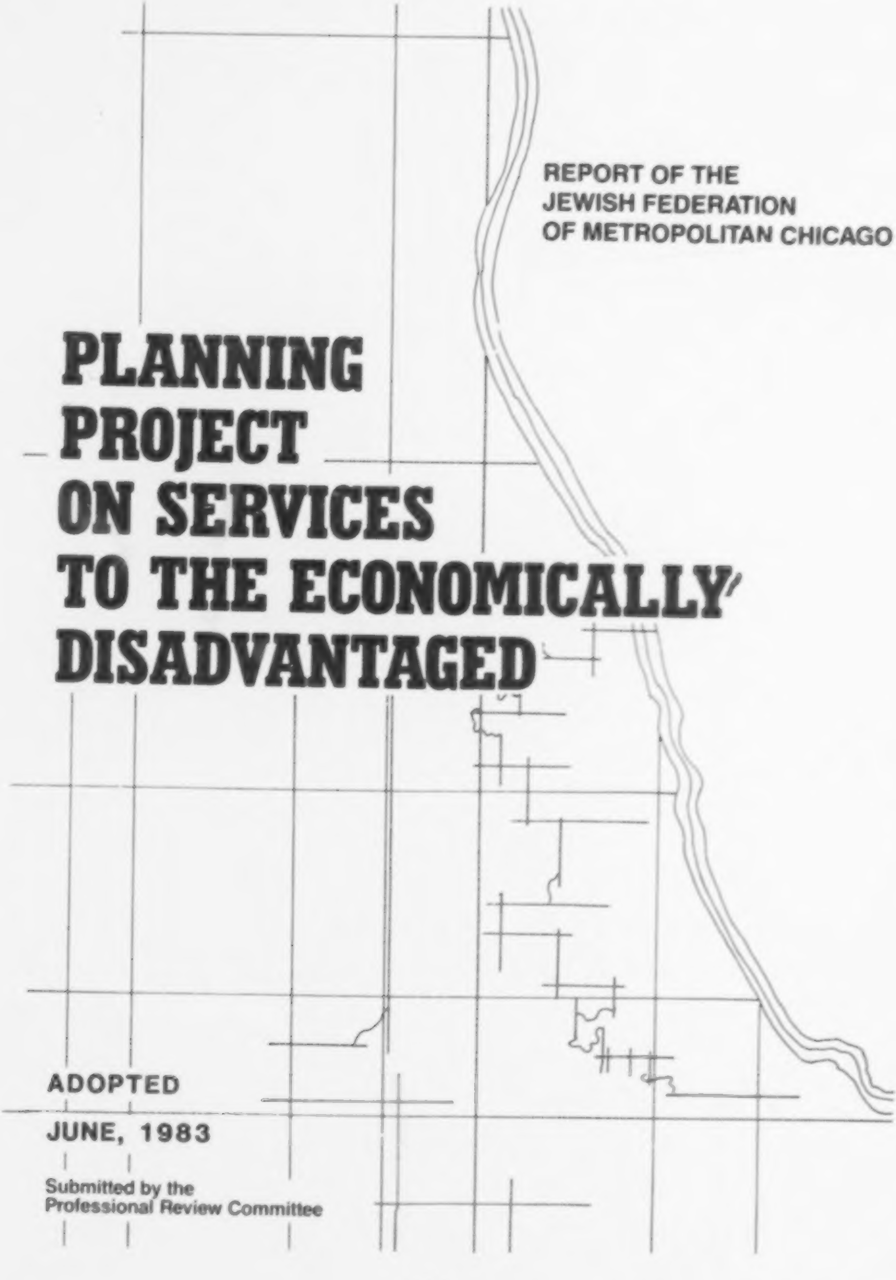
JTPA funding for on-the-job training (OJT), classroom training, and other programs and services is not the only tool for encouraging and stimulating employability of economically disadvantaged youth for private sector jobs. The revised targeted jobs tax credit legislation (TJTC) added an important new provision aimed at increasing employment of economically disadvantaged youth, ages 16-17, during the summer months. The 85 percent tax credit on wages up to $2000 paid eligible participants is a strong incentive to business. Knowledge of the targeted jobs tax credit is increasing and so will its use. It is important the targeted jobs tax credit be reauthorized and continued from its scheduled expiration date of December 31, 1984,

Another business tax incentive program which deserves special attention by the Congress is enterprise zone legislation. The proposals provide tax incentives and regulatory relief to businesses which expand or relocate within designated "enterprise zones". It is a tool which could make an impact on minority youth unemployment concentrated in the inner cities and prevent further decline in the areas. Many States and local areas have established enterprise zones anticipating Federal enactment of enterprise zone legislation. The legislation needs to be enacted so the concept can be tested.

Time permits only brief commentary on approaches that hold promise for reducing structural Unemployment, particularly among youth. I have not touched problems, issues and opportunities in legislation governing related public systems such as the Vocational Education Act. I will be pleased to submit an expanded paper covering them.

Again, my thanks for inviting me to contribute to the purposes of this hearing. I will be pleased to answer questions as the schedule permits.

APPENDIX



REPORT OF THE
JEWISH FEDERATION
OF METROPOLITAN CHICAGO

PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

ADOPTED

JUNE, 1983

Submitted by the
Professional Review Committee

PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

SECTION 1

EXECUTIVE SUMMARY, GENERAL PRINCIPLES & MAJOR RECOMMENDATIONS

INTRODUCTION

- Since late August, 1982 Federation agency Executive Directors and their Associates have been meeting with Federation staff to review all services provided to economically disadvantaged Jews and non-Jews. The guideline used in this report to identify individuals and families who are economically disadvantaged is that of the United Way of Chicago ($6,700 or less per year for an individual, $9,300 or less for a couple, and $12,300 or less for a family of four). The Professional Review Committee has concluded its analysis of services provided to the four populations which have been targeted for attention (the elderly, families with children, individual adults, and handicapped children and adults) and has carefully considered a number of the policy issues which have been identified.* Not all the issues identified were fully discussed or resolved by the Professional Review

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* See Section 2.

Committee. Section 2 includes an outline of those issues particularly requiring further discussion by Federation and agency Boards and committees. An expanded group including key agency and Federation lay leaders reviewed the report prior to its formal submission to the Social Welfare Committee and incorporated their suggestions. Concurrent with submission to Federation, agency boards have begun to consider it.

- Our communal values dictate that we provide the resources necessary to permit people to live in our midst with dignity. This is possible only when individuals or families have adequate housing, food, clothing, health care, income, and are able to participate in Jewish life experiences and activities they require as a means of maintaining a connection to the Jewish community. The quality of life possible for people forced to use public resources for any extended period is judged to be insufficient, using even the most modest standards. It is felt that the Jewish community must take responsibility for seeing to it that our members, over time if necessary, are given all the help required to either supplement public programs, and/or to change the circumstances causing them to use those resources.

- A series of recommendations, the effectiveness of which are contingent upon successful clarification of a number of policy questions, have been developed and categorized in terms of the time required for implementation: short-term (achievable within six to twelve months), intermediate term (requiring between one and two years for implementation), and longer-term (requiring two to four years). These programmatic recommendations have been placed into options packages and proposed expenditures for each package have also been identified.

It should be noted that during the course of the review of the social policy issues and recommendations many ideas emerged which will allow us to provide many important services without any significant additional cost. There are also a significant number of service recommendations that require additional funding.

- Our recently conducted Chicago Metropolitan Jewish Population Study reveals that there are 37,000 economically disadvantaged and vulnerable Jews in our community, which is about 15% of our estimated Jewish population of 248,000. These individuals are represented in 19,000 households (18% of all Jewish households) composed largely of the elderly and young families. Most tend to be located geographically on the north-side of Chicago, along the lake to the north, with a smaller number dispersed throughout the suburbs.

- A service analysis reveals that among Federation agencies the Council for Jewish Elderly serves the largest proportion of economically disadvantaged Jews (87% of its clientele in 1981-82) followed by The ARK (80% of its clientele being economically disadvantaged), with the Jewish Family and Community Service serving the third largest number (47% of its clientele are economically disadvantaged).

- A financial analysis shows that our agencies will spend an estimated $16 million (not including Jewish Education) on services to the economically disadvantaged during 1982-83, including services to non-Jews.* This figure includes:

Agency Services to the Economically Disadvantaged	$12,000,000
Emergency Aid, Loans, Scholarships	2,000,000
Estimate of Free Health Care to Jews	2,000,000

Jewish Federation's allocation to the agencies accounts for approximately 64% of that amount, and it must be kept in mind that this is a conservative estimate. Agency generated revenue sources, in addition to the Jewish Federation allocation, (which is derived from the JUF campaign, Endowment Funds, and our United Way allocation) include government funding, client fees, and contributions.

- An analysis of agency services further revealed that there is a cluster of 18 services most utilized by economically disadvantaged persons served by Federation agencies. Included among this group are such services as home delivered meals, counseling, job skills training, nutrition programs, group homes, vocational rehabilitation, homemaker and home health aide services, transportation, and information and referral services. This cluster of 18 services will conservatively cost the Chicago Jewish community nearly $12 million in 1982-83 and accounts for 65% of all funds spent on these services by

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* See Section 5 for detail.

Federation and its agencies for all who use them, including those who are not economically disadvantaged. The Jewish Federation's allocation accounts for 68% of the $12 million. This does not include Jewish education nor health care, which if they were included, would require the addition of several million dollars, at the very minimum.

- In addition, we will spend approximately $2 million on emergency cash assistance and other forms of assistance including emergency food, rent supplementation, transportation, clothing, pharmaceuticals, loans and scholarships during this year.

INTRODUCTION TO THE GENERAL PRINCIPLES

The statements which follow have been culled from Section 5 of the report which contains a discussion and analysis of services presently available and the needs of economically disadvantaged families with children, the elderly, individual adults, and the handicapped. These principles or crosscutting ideas emerged from a comparison of the work of small task groups of Professional Review Committee members which were charged with development of the analysis of services and needs and identification of policy questions relevant to each of the four populations chosen for review. They are intended to serve as a frame of reference for the rest of the report.

GENERAL PRINCIPLES

- Although our primary mission is to care for members of the Jewish community, we have a very special responsibility to do our utmost to contribute to efforts directed at improving the quality of life of the community of which we are a part. We have a long history of service to the general community. At a time when economic conditions are causing so much trauma to so many in our community there is an even greater need to continue to make our services, expertise, and support available to all those in need who may require our assistance.

- In order to maximize the positive impact of the Jewish community's resources every effort must be made to see to it that those who are eligible to receive services or benefits from public programs do so. Further, we must direct our efforts at the improvement of those programs, and towards the development of greater flexibility in public programs as a way of more effectively meeting human needs. Wherever possible we should seek such changes and improvements in collaboration with others concerned about human services. The decision to do so has important implications: agencies may be required to serve clients they do not at present, agencies may develop increased dependence upon public funds, and the dimunition of public resources may cause the closure of important programs. Up to now we have been able to increase the availability of services through increased use of public funds while continuing to serve the Jewish community in which we have a primary interest. We have also been able to maintain a healthy mix of public and Jewish communal funding so that there is not an inappropriate dependence upon outside sources of funding. This balance can and should be maintained in the future.

- The investment of our communal energy in an examination of the needs of the economically disadvantaged is a response to a growing crisis. This expression of our concern should not be misinterpreted. We must guard against the negative effects of labeling people "poor" or "economically disadvantaged". We must also keep in mind the devastating impact the economy is having on middle-class families who constitute the majority of the Jewish community, and whose needs for service have increased dramatically in a number of communities in which our agencies are located.

- During the past 18 months Federation agencies have experienced a dramatic increase in the number of emergency requests for assistance with housing, food, and payment of rent, utilities, or medical bills. Significantly, many of these requests are coming from a new population -- the young and middle aged, couples and families -- in addition to the elderly. More often than has been the case in recent years, this new client population includes a higher proportion of the mentally ill and socially inadequate. While it is true that Federation agencies have tended to provide less so-called "concrete" services (food, cash, clothing, and shelter) since the Depression years, these new demands upon our agencies require a degree of reorientation and even reorganization. These changes may be necessary only for a year or two, but must take place rapidly.

- The Jewish Federation, in partnership with the agencies, has the responsibility to plan for and coordinate efforts directed at provision of services to the Jewish community (i.e., to make available information about services and programs, to identify unmet needs, to maintain data on the character of the Jewish community, to articulate communal policy and its implications for the direction of agency services). The purpose of such efforts should be to help Federation agencies to implement necessary services in a timely and appropriate manner.

- Where channels may not already exist, specific opportunities for economically disadvantaged individuals to participate with agency leaders in the process of identifying unmet needs and/or planning services they require should be developed. Economic stress and the loss of a job often create deep feelings of powerlessness and hopelessness. The opportunity to take responsibility for planning services can be a powerful antidote to these feelings.

INTRODUCTION TO THE RECOMMENDATIONS

- In 1973 it was estimated that there were 11,500 economically disadvantaged Jews in our community. Current estimates reveal that there are 18,500 people in households with annual incomes of $10,000 or less. Chicago Jewry today also includes another 18,500 economically vulnerable people in households of 3 or more with an annual income between $10,000-$20,000, for a total of 37,000. Although the major emphasis of this planning effort was directed at those in households meeting the United Way of Chicago criteria of economic disadvantage, our analysis concluded that households with three or more people and an income of between $10,000-$20,000 annually should be understood to be highly vulnerable. Indeed, special efforts are required to prevent some of these families from becoming permanently economically disadvantaged.

- The Jewish Federation Government Affairs program should be expanded to include a strategy for implementation of a strong advocacy position on a national level in regard to legislation and regulations on issues such as the concept of a guaranteed annual income, adequate health care, job training programs, a sound social security system, family support and child welfare programs, and expansion of the Section 202 Housing and Section 8 Rent supplementation programs as examples of approaches to achieving security for members of our community.

- The Jewish community should establish criteria for the continuance and discontinuance of direct and/or indirect financial assistance. Criteria should include the elaboration of goals and expectations for reaching economic self-sufficiency where feasible, and for integration with the Jewish community. Consideration should be given to extending the use of the notion of family responsibility where and as appropriate.*

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* This should not be confused with the Administration's proposals for the use of the Family Responsibility concept which appear to be intended to be a cost containment or cost reduction mechanism.

- Jewish Tradition clearly informs us that the most highly valued form of tzedakah is assistance given in the form of a loan, the act of taking a needy person into a partnership, employing them, or giving them the capacity to support themselves via other means.(1) Thus, helping people find jobs, providing employment in our agencies or through businesses owned by Jewish lay leaders, and providing training or re-training opportunities should be among the very highest priorities. Similarly, expansion of the JFCS loan program and widespread publicity about its existence must be given immediate attention.

- The causes of economic disadvantage are often complex, as are the efforts of Jewish Federation agencies which are designed to address the problem. The development of a case management system, the capacity to share necessary information about clients, and creation of a better information and referral system -- on a coordinated inter-agency basis, is a necessity if we are to increase the effectiveness of our services.

- The fact that specific services have been identified in this report as being available to the economically disadvantaged or vulnerable ought not to be perceived as a judgement that we are necessarily providing the right services, or that these services are either adequate or inadequate. Nor should it be assumed that all presently available services are necessarily in the right location, meeting all needs, or the configuration of needs presented by economically disadvantaged or vulnerable persons.

- Federation and its agencies should continue to explore the most appropriate ways of organizing and delivering services. This should include an examination from a marketing perspective of how our agencies can make our services more psychologically acceptable to the middle-class who are finding themselves in need of help for the first time. Although systems redesign and organizational change are complex and often require lengthy periods of time to achieve, that should not be allowed to deter us from timely implementation of recommendations in this report. Where necessary temporary inter-agency arrangements should be made.

- Federation agencies should expand the practice of purchasing services from non-Federation agencies as an alternative to the creation of new services or expansion of present operations where the number of persons requiring the service may not justify such a decision. However, a number of important criteria must be satisfied: 1) Because of the value we place upon Jewish life experiences and the provision of services in a Jewish setting, a continuing connection between the individual/family and the Jewish community must be insured. 2) The agency from which the Jewish community purchases service must be willing to facilitate appropriate opportunities for the introduction and maintenance of Jewish components (i.e., holiday celebrations, Jewish life cycle events, Kashrut, etc.). 3) If it is deemed essential, a Jewish Federation agency can continue to provide case management services, and 4) The provider's services meet our standards of quality. Collaboration with non-Federation agencies, and provision of services to the general community may also provide the opportunity for the Jewish community to reach out to Jews with special needs.

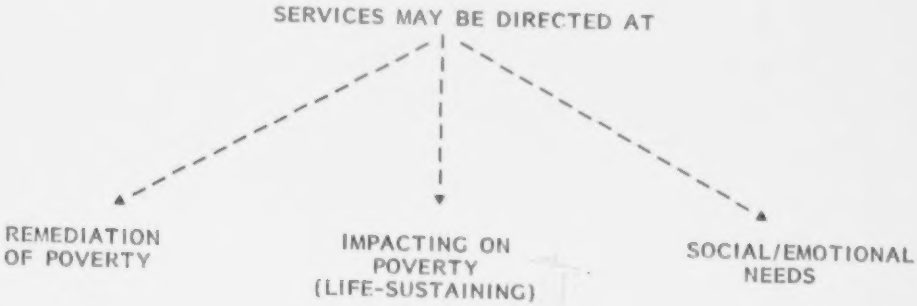
- Federation should encourage agencies to expand individual and inter-agency demonstration efforts aimed at testing models of service designed to identify more effective ways of assisting individuals/families to maintain self-sufficiency or designed to prevent institutionalization (i.e., JVS' Job Club, JFCS' development of self-support groups and its loan funds program, JCC's program for the elderly, JCB's Family Day Care program, CJE's Day Care program, Group Living facilities, and Swartzberg House).

- It was recommended at the outset that any plan adopted by the Jewish Federation Board of Directors should include provisions for the gathering of adequate information about the nature of the services being provided to the Jewish economically disadvantaged so that after implementation an assessment/evaluation of effectiveness may be conducted. If such data gathering is not built into the design of the service delivery system from the outset, on a uniform basis, such an evaluation will not be possible. A six months preliminary evaluation is recommended because of the fact that the Chicago Metropolitan area is experiencing an unpredictable and depressed economy which has a significant impact on the Jewish community as well as others in our community.

- Planning for the needs of people is difficult to achieve when the future is uncertain. In order to reduce some of the uncertainty, the Jewish Federation should move towards multiple year planning and budgeting as soon as feasible.

- With this background in mind, and with the understanding that this planning effort cannot provide the answers to all of the social policy questions confronting the Jewish community, the following framework is offered to assist those who wish to understand the recommendtions contained in this report.

There are many ways that one can legitimately perceive the goals of services to the economically disadvantaged. For our purposes it is proposed that services be viewed as being directed to the solution of one or more of three central problems confronting economically disadvantaged individuals or families:


SERVICES MAY BE DIRECTED AT
REMEDIATION OF POVERTY
IMPACTING ON POVERTY (LIFE-SUSTAINING)
SOCIAL/EMOTIONAL NEEDS

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(1) See: CHARITY, in the *Encyclopaedia Judaica* (Jerusalem: Keter Publishing House, 1972), pp. 338-354.

JEWISH FEDERATION OF METROPOLITAN CHICAGO
PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
COORDINATION/ CASE MANAGEMENT/ INFORMATION & REFERRAL/SHARING CLIENT DATA	■ The agencies agree to collaborate on behalf of clients, and to review existing collaborative practices. The Professional Review Committee should examine agency practices which may duplicate or fragment services.	All agencies and Jewish Federation		i 16 months
	■ Develop Information and Referral/Crisis Hotline, using toll-free phone service.	Jewish Federation, CJE, JFCS, The ARK, JCB, JCC, JVS, Mt. Sinai, Michael Reese	$65,000 per year	s 6 months
	■ Monitor the implementation of all recommendations. Report to the Social Welfare Committee quarterly.	Professional Review Committee, Social Welfare Committee		l 36 months
	■ Develop a plan for evaluating the effectiveness of services mounted as a result of the project.	Professional Review Committee	Services donated by Federation's Research Department	s 3 months
	■ Agencies should be encouraged to loan staff to sister agencies during times of extreme crisis.	Executive Directors		

COORDINATION TOTAL: $65,000 per year

* KEY:

s = Short-term (6-12 months)
i = Intermediate term (1-2 years)
l = Long-term (2-4 years)

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	*TIME REQUIRED FOR IMPLEMENTATION and Completion Date
DEVELOPMENT OF RESOURCES	■ Create an inter-agency task force charged with the responsibility to identify respite care beds, emergency shelter facilities, and other resources which the Jewish community may purchase. The task force should attempt to assess the adequacy of both the quality and quantity of these resources in relation to the community's need for services for the elderly and the handicapped.	JFCS, JVS, The ARK, CJE, JCB, Mt. Sinai, Michael Reese, Jewish Federation		6 months
	■ Establish a Housing Task Force composed of lay and professional representatives of Federation and the agencies which will undertake the development of a communal plan for residential facilities for the elderly, the handicapped (Group Homes, Community Living Facilities, Independent Living Facilities, Half-Way Houses, etc.), single adults, as well as emergency shelter programs. Review options for multi-generational housing.	Jewish Federation		12-24 months

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
	▪ Develop relationships with non-Federation Jewish communal resources such as the Jewish Shelter House, Gemilat Chasadim Loan Funds, Moes Chittim Fund, the Jewish Free Burial Society.	Jewish Federation		s 6-12 months

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JEWISH FEDERATION OF METROPOLITAN CHICAGO
PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
ADVOCACY/ ARTICULATE DOMESTIC ISSUES STRATEGY	■ Place a government affairs staff member in CJF's Washington Office (coordinate efforts with other national organizations representing agencies).	Jewish Federation	$50,000 per year	s 4 months
	■ Provide client and issue advocacy training for staff and board, provide periodic briefings on government affairs issues.	Federation and Inter-Agency Task Force to develop curriculum. GAO Office to offer periodic briefings.		s 2 months
	■ Work with United Way to enhance the flexibility of the United Way priority system in order to increase agency capacity and effectiveness in dealing with the service needs of the economically disadvantaged.	Federation's Planning and Budgeting staff and agency Executives.		1 24 months
	■ Continue to implement legislative and lobbying activity through the Springfield Government Affairs Office in collaboration with other human services organizations where appropriate designed to:	Springfield GAO and Advisory Committee		1 24-48 months

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
	- Counter government attitudes reflecting a belief that there are no poor Jews, or that Jewish communal resources are infinite.			
	- Obtain passage of legislation directed at strengthening services to families and children which require trained professionals to deliver services.			
	- Reinstate equity of access and availability of health care for the economically disadvantaged and/or medically disadvantaged; and expand the scope and strengthen the quality of health care.			
	- Improve public aid programs and create greater flexibility which will enable the Jewish community to participate in supporting the quality of life for individuals and families.			

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
	- Increase the reimbursement rates for long-term care and in-home care under Medicaid and other state programs. - Support implementation of the recommendations of the Governor's Task Force on Block Grant Implementation. - Strengthen housing programs. - Improve Job Training programs.			
	▪ Work with City of Chicago to generate additional quality emergency shelter beds, including the Northside of the City. Strengthen participation in the Coalition for the Homeless.	Jewish Federation and Agencies		s 12 months
	▪ Strengthen relationship to Illinois Department of Public Aid to improve quality of service in Northside Public Aid offices.	Jewish Federation and Agencies		s 12 months

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l = Long-term (2-4 years)

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	*TIME REQUIRED FOR IMPLEMENTATION
	■ The Jewish Federation should create an Ad Hoc Committee composed of laymen and professionals to explore development of a communal policy for supplementation of Public Aid grants, including estimate of the cost and the number of persons of various ages requiring supplementation.	Jewish Federation		i 12-24 months

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l = Long-term (2-4 years)

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
	■ Initiate discussions with the Illinois Department of Public Aid, the Legislative Advisory Committee on Public Aid and State Legislative leadership to support vital services by physicians, pharmacists, podiatrists, optomotrists, dentists, and private mental health/psychiatric services, and to ensure prompt reimbursement to providers/vendors so that they will continue to serve the economically disadvantaged.	Jewish Federation and Agencies		S 3-6 months

ADVOCACY TOTAL: $50,000 per year

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
ENHANCEMENT OF JEWISH COMMUNAL WORKERS CAPACITY	▪ Create educational programs for agency professionals, educators, and Rabbis designed to sensitize professionals to family violence and child abuse.	All Agencies	Resources contributed by agencies	s 12 months
	▪ Develop crisis identification and intervention training programs for Rabbis and other Jewish professionals.	All Agencies, Synagogue-Federation Relations Committee	Resources contributed by agencies	i 12-24 months
	▪ Reinstate New Workers Orientation Program for all Federation agency professionals.	Jewish Federation and Agencies	Resources contributed by agencies	s 6 months
	▪ Design specialized staff development programs for all agency professionals focusing upon stress, and working with the new poor and economically vulnerable.	All Agencies	Resources contributed by agencies	s 6 months

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JEWISH FEDERATION OF METROPOLITAN CHICAGO

PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
EMPLOYMENT	■ Expand job development network and job opportunities in Jewish community via JUF, WJUF, agency and Federation Boards.	JVS, Jewish Federation	Use existing resources	1 24 months
	■ Create support groups, expand job club program for the unemployed in locations throughout metropolitan Chicago.	JVS, JCC, JFCS	Use existing resources	s 3 months
	■ Increase training/retraining resources for those unemployed due to structural changes in the job market (i.e., the handicapped, older workers, minority youth).	JVS, CJE Hillel/CAYS, JCB	$35,000 per year	1 12 months

EMPLOYMENT TOTAL: $35,000 per year

JEWISH FEDERATION OF METROPOLITAN CHICAGO

PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
HEALTH	▪ Increase availability of preventative health services, health fairs, and routine examinations.	Mt. Sinai, Michael Reese, JCC, CJE	$35,000 per year	s 2-3 months
	▪ Develop assessment of need for additional community based health clinics in Jewish neighborhoods.	Mt. Sinai, Michael Reese, The ARK		i 12-24 months

HEALTH TOTAL: $35,000 per year

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FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
FINANCIAL ASSISTANCE	■ There should be an expansion of the amount of funds available for emergency cash assistance through JFCS, The ARK, CJE. Publicize availability.	Social Welfare Committee	$100,000 per year	s 3-4 months
	■ Develop more extensive interest free loan programs, along with widespread publicity in the Jewish community.	JCC, JCB, JFCS, JVS	$100,000 per year	s 3 months
	■ The Jewish Community should adopt policies regarding emergency cash assistance based upon the following philosophy/criteria: - Where available and appropriate the involvement of other family members (spouses, children) or significant relatives should be the initial service strategy.** - Next, loans should be made available at no interest. A range of repayment options should be available.	Social Welfare Committee, Agency Boards		s 4-6 months

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** This will require development of a Family Responsibility Policy.

JEWISH FEDERATION OF METROPOLITAN CHICAGO

PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
	- Cash assistance is seen as appropriate when family support or loans are impractical or inappropriate, and where the agency believes that such short-term assistance will make a substantive contribution towards development of a more permanent solution to the problem.			
	- Occasionally, it may be appropriate, due to special circumstances, to provide each assistance over a much longer term period.			
	- Generally, where on-going financial assistance is necessary, agencies should assist clients in gaining access to public aid services.			
	■ Increase scholarship funds for day and resident camps, and non-tuition needs associated with Jewish education or JCC programs. Cash grants to be given directly to families for non-tuition needs.	Jewish Federation	Cost included in above estimates.	s 3 months

FINANCIAL ASSISTANCE TOTAL: $200,000 per year

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JEWISH FEDERATION OF METROPOLITAN CHICAGO
PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION
ALL POPULATIONS	■ Develop additional free legal services clinics in areas of Jewish population.	American Jewish Congress, JCC**, The ARK, CJE	Use donated services	s 3-6 months
	■ Create special immigration legal services clinic to serve the needs of out-of-status Jews (Israelis, Iranians, Poles, Russians, Rumanians).	Jewish Federation**, American Jewish Congress, JCC, JFCS	***	s 3-6 months
	■ Open cooperative purchasing centers in city and suburbs (food, pharmaceuticals).	JCC**, Jewish Federation		s 3-6 months
	■ Expand food pantry services, free pharmacy services, group nutrition programs, and Meals-On-Wheels services. Involve JCC and synagogue members in on-going program to generate food for pantries. Expand the number of permanent collection sites.	The ARK**, CJE, JCC,	****	s 4-6 months
	■ Open inter-agency multi-service center in Uptown-Lakeview area.	Agencies, JCC**	$100,000 per year Agencies contribute existing staff	s 6 months
	■ Create comprehensive guardianship and protective services program.	Jewish Federation**, JCB, JFCS, CJE, JVS	*****	i 12-24 months

ALL POPULATIONS TOTAL: $100,000 per year

** Coordinator
*** JFCS Resettlement Budget to include funds for initial program and legal costs where required.
**** Dependent upon donated foods and surplus commodities.
***** Cost dependent upon extent to which pro-bono legal services and volunteers and chaplaincy services may be available.

JEWISH FEDERATION OF METROPOLITAN CHICAGO

PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
FAMILIES JEWISH FAMILY & COMMUNITY SERVICE - Overall Implementation Coordinator	■ Synagogues should be encouraged to develop and publicize the availability of payment plans for families where heads of households maintain membership in synagogues, access to Jewish education, and maintain opportunities for participation in all Jewish life cycle experiences. The Jewish Federation should guarantee any defaults to encourage synagogue participation.	Synagogue-Federation ** Relations Committee	$ 5,000 per year	s 6 months
	■ Encourage synagogues to utilize Federation agency services. Appropriate Federation agencies should meet with synagogues to discuss provision of support services, Family Life Education, and job related seminars.	Synagogue-Federation Relations Committee, ** JVS, JFCS, JCB, JCC, Chicago Board of Rabbis		s 6 months

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l = Long-term (2-4 years)

** Coordinator

JEWISH FEDERATION OF METROPOLITAN CHICAGO
PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
	▪ Develop educational programs and services in urban/suburban survival to assist individuals and families. Program foci should include: financial planning, household budgeting, insurance planning and purchasing, home appliance repairs, and support groups. Marketing professionals should be part of the planning group to assist in development of approaches and packages of services.	Create a special inter-agency task force of lay and professional representatives	$ 30,000 per year	≤ 6 months
	▪ Increase availability of Day Care Services and alternate forms of day care (day care homes, infant or toddler care, etc.)	JCC**/ATT, JCB, BJE,	$40,000 per year	≤ 6 months

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** Coordinator

JEWISH FEDERATION OF METROPOLITAN CHICAGO
PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	*TIME REQUIRED FOR IMPLEMENTATION and Completion Date
	■ Develop strategy for prevention of cyclical poverty for families with children, including: - Relationship to public/private schools - Medical services - Socialization resources - Jewish education - Day and Resident Camping Services - Vocational training - Food, clothing supplementation - Financial assistance - Support groups for parents - Outreach and Home Visits	Professional Review Committee		s 12 months

JEWISH FEDERATION OF METROPOLITAN CHICAGO
PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
	■ Develop fully subsidized emergency day care service for children in unemployed families and the elderly for up to six (6) months.	JCC**, CJE, JFCS, JCB, The ARK	$45,000 per year	s 12 months
	■ Create Job Resource Center; including development of video tapes and Cable TV programs training people in job search, resume writing, interviewing.	JVS**, JCC, JFCS	$40,000 per year	s 4-6 months
	■ Increase services to support single-parent families under severe economic stress. Develop system-wide plan.	JFCS, JCB, JCC, JVS	Agencies contribute staff	s 4 months
	■ Develop support groups and Family Life Education services for families/individuals involved in living situations where adults (sometimes with their children) have moved back to their parent's homes.	JFCS, JCC, JCB	Agencies contribute staff	s 4 months

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* KEY:
s = Short-term (6-12 months)
i = Intermediate term (1-2 years)
l = Long-term (2-4 years)

** Coordinator

JEWISH FEDERATION OF METROPOLITAN CHICAGO

PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
	▪ Increase outreach to families with children requiring JCC services year round (to include supplemental nutrition programs, subsidized transportation, and membership/program scholarships).	JCC**, JCB, JFCS	$20,000 per year	s 4 months
			FAMILIES TOTAL: $180,000 per year	

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l = Long-term (2-4 years)

** Coodinator

SUMMARY - PROJECTED ANNUAL COSTS BY PROGRAM AREA RESULTING FROM RECOMMENDATIONS

	SERVICES	CAPITAL EXPENSE
COORDINATION	$ 65,000	$
ADVOCACY	50,000	
EMPLOYMENT	35,000	
HEALTH	35,000	
FINANCIAL ASSISTANCE	200,000	
ALL POPULATIONS	100,000	
FAMILIES	180,000	
ELDERLY	195,000	
HANDICAPPED	55,000	35,000
TOTAL:	$ 915,000	$35,000

PROJECTED SOURCES OF FUNDS YEAR ONE

JEWISH FEDERATION SPECIAL FUNDS	$ 150,000
AGENCY CONTRIBUTIONS/DONATED SERVICES	411,520
FOUNDATION GRANTS	100,000
GOVERNMENT FUNDS - NEW PROGRAMS	75,000
FEMA EMERGENCY FOOD AND SHELTER PROGRAM	50,000
SURPLUS COMMODITIES	20,000
SYNAGOGUE PARTICIPATION	50,000
DONATED GOODS	62,000
TOTAL:	$ 918,520

ESTIMATED VALUE OF AGENCY CONTRIBUTED SERVICES

AND DONATED SERVICES

p. 14	Staff time available for other tasks as a result of improved Case Management (3 FTE staff)	$ 55,680
p. 14	Development and Implementation of Evaluation Plan (1½ FTE staff)	27,840
p. 17	Advocacy Training for Agency Board and Staff	5,000
p. 22	Training programs for Jewish communal Professionals (Family Violence, Crisis Intervention, New Worker Orientations, Work with the New Poor)	10,000
p. 23	Expansion of Job Development Network (1/3 FTE staff)	6,000
p. 23	Support Groups, Expansion of Job Clubs (12 Groups x 25 sessions x $25 per session)	7,500
p. 27	Expansion of Legal Services Clinics (20 hours per month x 10 months @ $200 per hour for legal and social work services)	40,000
p. 27	Uptown/Lakeview Multi-Service Center (½ FTE staff x 6 agencies = $69,500 + Physician Services = $30,000)	99,500
p. 27	Donated Legal Services-Guardianship and Protective Services Program (440 hours per year @ $150 per hour)	60,000
p. 31	Increase support services for Single Parent Families (1 FTE staff)	20,000
p. 31	Expansion of Family Life Education Programs (1 FTE staff)	20,000
p. 33	Contributed Chaplaincy Service	20,000
p. 35	Comprehensive Services for Substance Users/Abusers (2 FTE staff)	40,000
	TOTAL:	$411,520

JEWISH FEDERATION OF METROPOLITAN CHICAGO

PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
ELDERLY COUNCIL FOR JEWISH ELDERLY - Overall Implementation Coordinator	• Expand homemaker, home health aide services; including development of training program to increase availability of skilled personnel.	JFCS, CJE, JVS, Mt. Sinai, Michael Reese	$40,000 per year	s 3-6 months
	• Design and implement outreach program for Jews in private nursing homes, V.A. hospitals, facilities for the handicapped.	CBR, and Agencies	$25,000 per year	s 3-6 months
	• Increase availability of transportation services for the elderly.	CJE, JVS, The ARK	$25,000 per year	1 12-24 months

JEWISH FEDERATION OF METROPOLITAN CHICAGO

PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	*TIME REQUIRED FOR IMPLEMENTATION and Completion Date
	■ Expand services to isolated elderly in targeted Jewish neighborhoods.	** The ARK, JCC, CJE, JFCS	$45,000 per year	s 3 months
	■ Create outreach program targeted at elderly bag/street people.	** The ARK, JCC, CJE, JFCS	$25,000 per year	s 3 months
	■ Expand sheltered workshop and employment programs in target areas.	** JVS	$35,000 per year	s 2-4 months
	■ Develop comprehensive plan for services to the chronically economically disadvantaged elderly.	CJE, JFCS, JCC, JVS, The ARK		s 12 months
			ELDERLY TOTAL: $195,000 per year	

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l = Long-term (2-4 years)

** Coordinator

JEWISH FEDERATION OF METROPOLITAN CHICAGO
PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
HANDICAPPED	■ Create volunteer program to provide resources for handicapped individuals.	JVS, JCC, Jewish Federation, JCB, JFCS		s 6 months
	■ Conduct assessment of the number of substance abusing individuals using agency services, and implications for staff development and services.	JVS, Response Center		s 2 months
	■ Develop comprehensive services for substance users/abusers, targeted to Junior and Senior High School Youth, special emphasis on prevention.	Response Center, JVS, JCC, JFCS, JCB	Use existing resources	i 12-18 months
	■ Make day and resident camp programs accessible to the handicapped as well as family vacation programs at Camp Chi.	JCC, JVS, JFCS	$35,000 (one-time capital costs)	s 6-12 months
	■ Implement needs assessment of services for the handicapped, and identify existing services.	Jewish Federation		s 6 months
	■ Expand socialization services for the handicapped of all ages (including support services for families).	JCC, JVS, JCB, JFCS, CJE, Mt. Sinai, Michael Reese	$30,000 per year	i 12-18 months

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	*TIME REQUIRED FOR IMPLEMENTATION and Completion Date
	■ Conduct architectural barriers review of Federation facilities.	Jewish Federation		s 6 months
	■ Develop network of Jewish leaders of handicapped services.	Jewish Federation, JVS, JCC		i 12-18 months
	■ Develop comprehensive Jewish communal plan for services to the handicapped.	Jewish Federation and Agencies		l 24-36 months
	■ Increase availability of transportation services for the handicapped.	CJE, JVS, The ARK	$25,000 per year	i 12-24 months

* KEY:
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JEWISH FEDERATION OF METROPOLITAN CHICAGO
PLANNING PROJECT ON SERVICES TO THE ECONOMICALLY DISADVANTAGED

FOCUS	RECOMMENDATIONS	IMPLEMENTATION VEHICLE	ESTIMATED BUDGETARY IMPACT	* TIME REQUIRED FOR IMPLEMENTATION and Completion Date
	■ Create Commission on the Jewish Handicapped to develop a communal plan for services to this group, including Jewish education.	Jewish Federation, with Agencies		i 12 months
	■ Establish specialized equipment referral exchange.	JVS		s 3-6 months
	■ Publicize genetic counseling services available to the Jewish community.	Jewish Federation, Mt. Sinai, Michael Reese		s 2-3 months

HANDICAPPED TOTAL: $55,000 per year

$35,000 - capital costs

WAYS OF LOOKING AT FUNDING FOR EXPANDED SERVICES TO THE ECONOMICALLY DISADVANTAGED AND VULNERABLE

SOURCES

JEWISH FEDERATION ON-GOING ALLOCATIONS TO AGENCIES (% ANNUAL INCREASE)

SPECIAL FEDERATION ALLOCATIONS

AGENCY IN-KIND CONTRIBUTIONS/ SHIFTING OF EXISTING RESOURCES TO NEW/ EXPANDED SERVICES

NEW, OUTSIDE FUNDING

- FOUNDATIONS
- CITY/STATE GOVERNMENT
- FEMA EMERGENCY FOOD AND SHELTER
- SYNAGOGUES
- DONATED/CONTRIBUTED GOODS & SERVICES

ANALYSIS OF FUNDING

BY PROGRAM OR SERVICE

BY AGENCY

BY GEOGRAPHIC AREA

BY TARGET POPULATIONS

BY TYPE OF EXPENDITURE (PERSONNEL, OCCUPANCY, ETC.)

PHASE I IMPLEMENTATION PLAN*

At its June 6th and 16th meetings, the Overall Budget & Planning Committee reviewed the Planning Project on Services to the Economically Disadvantaged and recommended implementation of an expanded Phase I program, which includes the proposals of the Professional Review Committee as accepted by the Social Welfare Committee.

Specifically, expanded Phase I calls for implementation of all short-term recommendations pertaining to services to families with children (coordinated by JFCS) and services to elderly (coordinated by CJE); and an expanded Financial Assistance and Loan Program (pp.25-26), an inter-agency Multi-Service Center in Uptown/Lakeview (coordinated by JCC, pg. 27) by December 1983 and a Crisis Hotline/Information and Referral Service (coordinated by JCB, pg. 14). The total budget for these services is projected at $715,000 annually (see attached) and will be met by a $150,000 allocation from Federation, government funds, foundation grants and agency donated resources and staff.

In Phase I, the OBPC also recommended development of an inter-agency case management system for chronically disadvantaged elderly (pg. 34), to be coordinated by CJE; and the implementation of Federation's Federal advocacy role, initially without additional funding, by utilizing existing Springfield GAO staff. As resources permit, the expansion of the government affairs staff at the national level should be implemented (pp. 17-21).

Geographically based services will be targeted to those areas where there is the heaviest concentration of economically disadvantaged, the north side of Chicago and Skokie. Other targeted geographical areas identified in the report should be phased in as resources permit. Current services to the disadvantaged throughout the metropolitan area will continue to be met regardless of geographical location.

Accountability for all aspects of the program shall be through the appropriate Federation designated Board Committee, which will include agency lay representatives.

Phase I will also involve other recommendations in the report and several planning initiatives as identified by the Professional Review Committee. Priority will be assigned to these recommendations on the basis of meeting immediate service needs and available resources:

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* Approved by the Jewish Federation Board of Directors on June 27, 1983.

ADDITIONAL PHASE I IMPLEMENTATION PROPOSALS:

- Services to All Populations (pg. 27)*
- Initiate Employment Related Proposals (pg. 23)
  Coordinator: Jewish Vocational Service
- Implement Advocacy Recommendations (pg. 17-21)
  Coordinator: Jewish Federation
- Implement Staff Training Programs (pg. 22)
  Coordinator: Jewish Federation & Agencies
- Develop Plan for Services to Street/Bag People, including provision for a temporary emergency shelter plan. (pp. 19 and 27)
  Coordinator: The ARK

RECOMMENDATIONS FOR PLANNING INITIATIVES

COORDINATOR: JEWISH FEDERATION

- Develop a plan and resources for a guardianship and advocacy service.
- Initiate needs assessment of services for the handicapped and develop communal plan for Services to the Handicapped.
- Establish mechanism for development of a housing plan for all groups requiring such services (including emergency shelter, respite care, housing for the handicapped, the elderly, the dependent).
- Establish task group to create a plan for dealing with the need for services targeted to substance abusers.

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* Page numbers refer to the recommendations preceeding this section.

EXPANDED PHASE I - IMPLEMENTATION PLAN
PROPOSED PROGRAM BUDGET

FAMILIES	
Synagogue Membership Guarantee	$ 5,000
Education for Survival	30,000
Day Care - Partial Subsidy	40,000
Day Care - Full Subsidies for the Unemployed/Emergencies	45,000
Job Resource Center	40,000
Outreach to Families with Latch-Key Children	20,000
TOTAL	$180,000
ELDERLY	
Homemaker, Home Health Aide Services	$ 40,000
Expand Services in Targeted Neighborhoods	45,000
Outreach to Bag People	25,000
Expand Sheltered Workshop	35,000
Outreach to Nursing Homes & V.A. Hospitals	25,000
TOTAL	$170,000
FINANCIAL ASSISTANCE & LOAN PROGRAM	$200,000
CRISIS HOTLINE/INFORMATION AND REFERRAL SERVICE	$ 65,000
INTER-AGENCY MULTI-SERVICE CENTER: UPTOWN/LAKEVIEW	$100,000
GRAND TOTAL	$715,000

SECTION 2

INTRODUCTION TO THE PROJECT

In the Spring of 1982 the Social Welfare Committee, motivated by its increasing concern about the effects of the economy on the Jewish and general community and the increasing demands for service being placed upon the Jewish Federation and its agencies, charged Federation staff with the responsibility to implement a planning process to assess the need for human services among the Jewish economically disadvantaged, to determine the adequacy of the current system of services for that population, and to make recommendations regarding the organization, location, or re-organization of such services to the Social Welfare and other appropriate committees and the Jewish Federation Board of Directors. A plan for the project was presented to the Committee in July, 1982 and approved.

METHOD

PHASE I - Federation staff convened the Professional Review Committee consisting of the Executive Directors or Assistant or Associate Directors of each of the Federation health and social welfare agencies for the purpose of refining the project work plan. This group then met for the purpose of refining the project work plan. The group met on an almost weekly basis over a period of almost nine months to carry out the initial assessment and to develop a report, including recommendations, and estimates of cost where relevant.

PHASE II - The Federation President then convened an inter-agency group of lay and professional representatives to review the report of the Professional Review Committee and to make such modifications as they deemed appropriate.

PHASE III - The report is now being sent to the Social Welfare Committee for review and discussion with recommendations to be made to the Overall Budget and Planning Committee and the Jewish Federation Board of Directors.

DATA GATHERING

Federation undertook an analysis of service statistics by field of service and agency for the last several years. The analysis focused upon the Jewish economically disadvantaged. In addition, Illinois Department of Public Aid statistics, information from the City of Chicago, and other sources were made available to the various groups identified above. Data from the 1981 Jewish Population Study was analyzed to generate information relevant to the project. The data shows that there are 37,000 econcomically disadvanted and vulnerable Jews in the Chicago Metropolitan area. Federation agencies also provided relevant additional data on their services and fiscal experience which were also analyzed. Agency caseloads were reviewed to develop an estimate of the number of disadvantaged persons using more than one agency. Interviews were conducted with agency staff to generate a picture of the needs of economically disadvantaged clients from the perspective of line practitioners, and a survey of synagogues was undertaken to assess the extent of their activity with this population.

ASSUMPTIONS ABOUT RESOURCES

For purposes of this project, it was assumed that:

1. Recommendations will be developed specifying a range of options for the use of new and/or existing resources in regard to any changes in the Federation system which may prove to be necessary.

2. Some improvements in a system of delivery of services to the Jewish economically disadvantaged may be achieved through shifting of communal resources already committed to various agencies and institutions.

3. The potential use of existing facilities owned or operated by Jewish Federation agencies, other Jewish communal physical facilities throughout the community, and the use of short-term leased facilities should be viewed as options for housing of a system of services as deemed appropriate.

THE PLANNING PROCESS

The planning process may be visualized in the following manner:

PROFILE OF THOSE PRESENTLY BEING SERVED
(THE NUMBER OF PERSONS SERVED, PRESENT COST OF THOSE SERVICES, CHARACTERISTICS OF THOSE BEING SERVED AND THOSE REQUIRING SERVICE)

↓

THE CAPACITY TO STATE WHAT NEEDS WE SHOULD BE MEETING

↓

EXPLORATION OF HOW WE SHOULD ORGANIZE OUR SERVICES AND WHERE THEY SHOULD BE LOCATED (WHICH WILL BE RELATED TO INFORMATION FROM THE 1981-82 JEWISH POPULATION STUDY ABOUT ECONOMICALLY DISADVANTAGED INDIVIDUALS AND FAMILIES)

↓

DEVELOP ESTIMATES OF HOW MUCH THESE SERVICES WILL COST DURING THE NEXT TWO TO FOUR YEARS (COMPARED TO FEDERATION'S PRESENT EXPENDITURES FOR THESE PURPOSES)

↓

THE DEVELOPMENT OF SPECIFIC RECOMMENDATIONS AND OPTIONS PACKAGES

↓

REVIEW BY AGENCY AND FEDERATION LAY LEADERSHIP

↓

IMPLEMENT RECOMMENDATIONS AND EVALUATE SERVICES AFTER AN APPROPRIATE PERIOD OF TIME

The Professional Review Committee held its first meeting on August 13, 1982, and agreed to work collaboratively with Jewish Federation staff in defining the populations in need and relevant services so that a determination could be made about the most effective way our agencies might serve economically disadvantaged and vulnerable Jews and non-Jews in the Chicago Metropolitan area.

Four initial planning questions emerged:

- What needs exist?
- Who do we currently serve?
- What is the scope of our responsibility?
- How do we organize to reach those we need to serve?

Among the issues to be examined, the following were identified:

- Are services adequate in quantity, structure, quality, service, location?
- Which agencies are taking leadership roles, and which should do so?
- How do we reach all those in need whom we have the capacity to serve?
- What is the distinction between the poor and people needing temporary economic support?
- Should the Jewish Federation be involved in providing emergency cash assistance?
- What do we mean by income maintenance?
- How do different agencies determine a client's eligibility for subsidized services?
- Should the Jewish community be responsible for income maintenance, or should we only provide services?

A number of other important policy issues were also identified during the course of the project:

- The implications of the Jewish communal position that the quality of life available to the elderly via public services is not considered to be adequate enough. Consequently, the Jewish community supplements public services substantially.

- The need to examine the implications of the proposition that the Jewish community ought to be responsible for the total maintenance of economically disadvantaged Jews.

- The need to implement a systematic plan for provision of comprehensive services to the chronically economically disadvantaged elderly. The elements of such a plan presently exist in planning documents of the Council for Jewish Elderly.

- The need to mount an advocacy program to modify legislation and regulations so that Jewish communal supplementation of public aid services would not result in making the elderly ineligible for public aid.

- The illustrative problem of the couple where one member requires long-term care and is in need of public assistance support in order to afford the cost of the service. The couple has modest resources which, according to present public aid regulations, would have to be completely exhausted before public aid assistance could be made available. This would then make the second spouse effectively destitute. Question: Should the Jewish community absorb the cost for the spouse requiring long-term care in order to maintain the capacity of the second spouse to maintain him/herself in the community?

- The need to examine the role of "reserves" which people may have to fall back upon and that while we need to accurately assess the extent of need for services we must not over-state the issue of reserves.

- The need to examine the fact that there is essentially no Jewish communal intervention with those Jewish elderly who are in proprietary nursing homes.

- The necessity to pay special attention to some of the unique needs of the Soviet Jewish elderly and how they fit into the pattern of services provided by Federation agencies.

- What is the responsibility of the Jewish community for Jews in mental hospitals? During our review it was pointed out that the Out-Patient Clinic at Michael Reese's Psychosomatic and Psychiatric Institute includes in its patient load 79 economically disadvantaged Jews representing 10% of the patient load. It was reported that at Read Zone Mental Health Center there are approximately 15-20 Jewish patients, most of whom are economically disadvantaged. It was also reported that Jewish patients in Metropolitan area V.A. hospitals seen by Rabbis as part of the chaplaincy program include 6-10 at Hines, 10-12 at Lakeside, 1-2 at the Westside V.A. hospital and about 30 at North Chicago (most of whom are chronically mentally ill). It was pointed out that most of the approximately 50 Jewish V.A. patients are economically disadvantaged. The tendency to "deinstitutionalize" has produced hundreds of unserved mentally ill/developmentally disabled/handicapped Jews. We have no estimate of the number in each category, many of whom literally wander in the streets.

- Based on agency experience it would appear that the elderly do not utilize Information & Referral services well, but their families do.

- The service implications of the fact that chronically economically disadvantaged elderly who "make a circuit" of CJE, JFCS and The ARK do so as much to sustain themselves psychologically as they do to obtain concrete survival-related services.

- The implications for the next generation of adults who are now in the process of becoming the new elderly: Who will they be? Are there characteristics of that population that are significantly different from the present generation of elderly? Subsequent discussion noted that a unique characteristic of the new generation of elderly is that they tend to be property owners.

- How can our system be effectively available for those chronically disadvantaged who are "on the edge", who are not the hard-core shopping bag people, and who want and need a better system of Jewish communal services to provide for their needs? Should this be the group upon whom the primary efforts of Federation agencies should be focused?

- The need to identify the dollar amount of in-kind or cash supplementation which might be recommended as a strategy for providing services to chronically economically disadvantaged Jews in order to be able to both assess the fiscal implications for the Jewish community as well as to develop a legislative strategy, should such a decision be taken. The strategy should be one of supplementing the difference between the State's standard of need and the State's actual cash grant to individuals receiving public assistance.

- The establishment of an "entitlement" program in the Jewish community which would be available to individuals who meet what is, in effect, a means test (that is, persons who are eligible for public assistance would automatically meet the criteria for the Jewish community's supplementation program).

JEWISH STREET PEOPLE

Several meetings of the Professional Review Committee were devoted to an attempt to develop an understanding of Jewish street people or bag ladies and men because they are a group about which we have relatively little information. ARK clientele includes 10 shopping bag people who have no address and another 15-20 on whom the agency has information about their residence, but who function in a shopping bag lifestyle. It is estimated that CJE and JFCS each serve a similar number, for a total of between 75-100.

The following initial profile emerges from the experience of Federation agencies in serving this particular group of Jewish elderly:

- These are people who have dropped out of all communal systems. If they are mentally ill, they used to be able to use the State Hospital System on a periodic/episodic basis to get off the street. Now hospitals are reluctant to accept them unless they are actively "acting out" due to reductions in services caused by public funding cuts and tightened eligibility requirements.

- Where family connections exist, they often disown them or are disowned by the family.

- Characteristically, agencies have a lack of background or history data on the individual.

- Services provided are, in fact, life sustaining.

- While they may speak Yiddish and use Jewish agencies to obtain some support or services, they tend not to be actively involved in the Jewish life behaviorally.

- They are frequently dirty and in visible physical disarray.

- Periodic crises require large investments of staff time (these ususally involve advocacy regarding public aid or medical crises.)

- There is an increase in need for services in this population during the winter months.

- The overwhelming majority are native born Americans as contrasted to the past when they were predominantly foreign born.

- They are characterized by massive alienation from any communal life and are fearful of intrusion from social agencies or other bureaucracies.

There was a consensus in the Professional Review Committee that the profile of economically disadvantaged Jews differs dramatically from their counterparts in the general community. There was agreement that although this strong impression exists, we do not have any truly reliable information which would support it. While the Jewish community has a segement of economically disadvantaged Jews who regularly and continuously utilize our services, their numbers are not proportionately anywhere near those found in the non-Jewish community. It has been suggested that two characteristics of economically disadvantaged Jews in general are that economic disadvantage often leads to disconnection or alienation from the Jewish community, and that because the overall Jewish community tends to be so affluent the economically disadvantaged become lost in the overall picture. In contrast, however, it is also true that in the Chicago Jewish community there is widespread agreement that we do have economically disadvantaged Jews in our midst.

EARLIER FEDERATION EFFORTS

In 1972 the Jewish Federation initiated Project Chai whose purpose was "the development of several service programs for the indigent Jews of Metropolitan Chicago." The results of that effort include the decision to expand Federation's allocation to The ARK as a beneficiary agency, which was then located in Albany Park, and the strengthening of several of CJE's programs, particularly in Rogers Park. In particular, great emphasis was placed upon preventative outreach, the avoidance of institutionalization whenever possible, and the use of neighborhood based services and multi-service centers. (2)

Only three years later, in June of 1975, Federation issued the report of its community planning project. Its major recommendations included an emphasis upon coordinated communal planning by Federation, a suggestion that Federation should develop a functional perspective to service delivery (i.e., how should services be organized to meet people's needs rather than only considering existing agency programs), increased sensitivity to agency programs designed to strengthen Jewish survival, development of a centralized information and referral service, and provision of increased resources for services to the Jewish elderly, the Jewish poor, child welfare services, and services to families.

Three overall concepts which emerged from the 1975 planning project bear repetition:

- Resources reflected in budgets of the Federation must continue to be formulated through the thoughtful deliberation of the community at large, lay leaders and agency professionals. No "mechanistic" or "formulated" approach to budget making should be substituted for the humanism, judgement and flexibility which can stem from decisions made by individuals of good will resolved to meet the changing needs of the Jewish community.

- The scope and priorities of services, and therefore the number and force of recommendations, may need to change frequently as circumstances shift, e.g., the state of the economy as it affects all walks of life, with special emphasis on the growing number of unemployed; the problems of the aged and their inability to live adequately on Social Security benefits; the inadequacy of government social welfare programs; the emergency needs of Jews overseas; etc.

- Some recommendations may need to be tested before their efficacy is established or their ultimate utility determined. Flexibility and experimentation are necessary to improve the quality and cost effectiveness of services.(3)

The principles reflect a sound approach to planning which, it is suggested, ought to continue to guide our efforts.

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(2) The Systems Discipline, Inc., PROJECT "CHAI" - MILESTONE REPORT III, February, 1973 and Jewish Federation of Metropolitan Chicago, RECOMMENDATIONS FOR ACTION, August 23, 1983.

(3) JUF-JF Long Range Planning Committee, REPORT OF THE JUF-JF COMMUNITY PLANNING PROJECT, June, 1975.

SECTION 3

ECONOMIC DISADVANTAGE: BACKGROUND INFORMATION AND DEFINITIONS

Without question Agency and Federation leaders have been aware of the presence of poverty in the Chicago Jewish community for a long time. As a community we have consistently directed a great deal of our resources to the needs of disadvantaged Jews and non-Jews.

More recently, however, the impact of worsening economic conditions and of Federally initiated directives designed to diminish available social services have resulted in an increasingly disturbing awareness of consequences for members of the Jewish community.

- Since early 1982 JVS has reported that Russian Jews have been returning for service a second time at a rate of 25 per month due to being fired from their jobs because of a depressed economy.
- In September 1982, JFCS reported that every time the Department of Public Aid cuts back on food stamps, the amount of the cash grant or tightens eligibility requirements, the number of walk-in clients immediately increases.
- For nearly one year JVS has been reporting the existence of waiting lists. A recent report stated that 200-250 people were

waiting to be seen for the first interview wherein an assessment is made to determine if JVS can serve them -- and that they had to wait up to 30 days.

- In October 1982, a report to the JFCS board indicated that the agency's Northern District office caseload was clearly feeling the direct impact of the effects of unemployment on families whose breadwinners lost their jobs and could not find new ones. The Keshev Program for the hearing impaired is seeing more people who are suffering because of drastic cuts in public services for the handicapped. An increase in the number of families reporting marital problems and parent-child conflict triggered by economic hardship was also reported.

- The National Association of Jewish Vocational Services reported in December of 1982 that JVS's all over the country (including our own) were experiencing increasing numbers of cases of Jewish small businessmen going bankrupt, a growing number of high school and college youth feeling discouraged and confused about their future, alarming increases in the number of cases involving severe mental health problems and substance abuse, large numbers of two-parent and single-parent families unable to earn a living or make mortgage payments and in danger of losing their homes -- all these forces tearing at and destabilizing middle-class families.

- CJE reports increasing numbers of Jewish elderly unable to pay their rent, feed themselves, and buy necessary medications. Living on sparse, fixed incomes, many elderly are unable to afford to adequately care for themselves in the face of significant reductions in health care benefits formerly provided by public programs.

- The number of instances of child abuse in families served by JCB is increasing as a direct result of the worsening economy. Reports of family violence and suicidal behavior are on the increase, and in evidence in 25% of JCB's caseload in 1982.

- In September 1982, JFCS reported that during a period of fifteen months (June 1980 - August 1981) the agency served 55 walk-in cases, while in the five months following that period (September 1981 - January 1982) the agency served 40 walk-in clients, mostly out of its Central District office located in the Federation Building. Walk-in clients typically require emergency shelter and cash assistance and are usually in severe crisis.

- By April 1, 1982, requests for emergency financial assistance increased so greatly that JFCS' entire budget line of $55,000 was expended, and by June 31st the total reached $90,600; an increase of $35,600 in 3 months. Based on experience through March, 1983 the agency expects to expend at least a similar amount in 1982-83.

- The ARK reports that between August and December, 1982 it opened 380 new cases involving economically disadvantaged persons, and that its licensed pharmacy is beginning to run out of certain specialized drugs needed by its clients who are public aid recipients. Clients can no longer obtain them via State funded programs due to cutbacks resulting in changes in the approved list of drugs.

- In December 1982, the Northside Interagency Council, an association of all Federation agencies located in geographic proximity to one another, reported the results of a data collection effort going back to July 1982. During that period our agencies received 45 requests for emergency shelter involving 53 persons, including 6 families.

Our share in the cycle of poverty is deepening, and as the reports become clearer and more devastating it is evident that more and more individuals and families from our own Jewish community are being affected.

Shifting to the national scene, reports on the current status of the economically disadvantaged in our country provide a mixed picture:

> "Poverty in America is both better - and worse - than it was twenty or thirty years ago, and welfare policies deserve both credit and blame. The size of the poverty population has shrunk - from 22.4 percent of the population classified as poor in 1959 to 11.4 percent, or 24.5 million Americans, in 1978. Social Security has shaved poverty among the elderly by half. The income of two-parent black families has grown faster than the income of similar white families. And the official poverty

> figures are inflated because they don't count "in kind" benefits - food stamps, rent supplements - as income, and because they don't include the income earned in the underground economy. That's the good news.
>
> The bad news is that blacks are three times as likely to be poor as whites, and Hispanics twice as likely. A major reason is the growing feminization of poverty, a social earthquake many liberals overlook. In America today, poverty is inextricably linked to family structure - one in three families headed by a female is poor, compared with only one in nineteen headed by two parents. Those who escape poverty - black or white - usually reside with both parents. The majority of poor people live in homes headed by mothers living alone, and in more cases than not, welfare becomes the household's breadwinner. The majority of black and Puerto Rican children - the figure climbs over 70 percent in parts of Washington, D.C., Chicago, New York, and other urban centers - are born out of wedlock and raised by single mothers. The liberal reflex is to blame racism. And clearly, racism has devastated many a home. But one cannot overlook the fact that only 15 percent of black children were born out of wedlock in 1940, when racism had a legal shield. In 1970, the number had risen to 38 percent; by 1980, 55 percent. The percentage of broken homes among whites also has grown, but the numbers are not comparable - from 9.4 percent in 1970 to 11.9 percent in 1980." (4)

In 1981, however, the number of households under the Federal poverty level guidelines then in operation ($9,287 for a family of four) rose by nearly 500,000 over 1980 to 14% of the 84.5 million households in the United States, for a total of 11.7 million households living in poverty. (5) Recently, the Federal poverty income guidelines were revised upward to $9,900 per year for a family of four and $4,860 for an individual. (6)

Federal law requires that each state set a "standard of assistance" for its AFDC (Aid to Families with Dependent Children) program, that is, a dollar figure determined by the state as the amount necessary to provide a minimally adequate livelihood. The states are given discretion to set the amount of the standard and to set the payment level for the benefits. The payment level does not have to be the same as the standard of assistance.

The Standards of Assistance in Illinois have been reorganized and updated and have been expanded to all programs (AFDC, Aid to the Aged, Blind and Disabled, and General Assistance). The new standards were implemented in January, 1983. The three components utilized in the calculation of the standards are: 1) the total expenditures per family; 2) the food cost per family; and 3) the cost of the Thrifty Food Plan per family.

In calendar year 1982, the standard of assistance for a family of four in a Group I county (i.e., Cook County) was $593. An updating of the costs of the components of the standards has increased the standards for 1983 for the same family to $660. These figures do not include the costs for medical care.

The payment level for benefits in Illinois is lower than the standard of assistance. The following table illustrates the payment level as a percentage of the standard of assistance. The maximum allottment of food stamps has been added to the payment level to demonstrate the combined effect of these benefits as a percentage of the 1983 standard of assistance. (7)

STANDARDS OF ASSISTANCE AND PAYMENT LEVELS FOR A FAMILY OF FOUR IN A GROUP I (COOK) COUNTY:

1982 Standard	1983 Standard	1982 and 1983 Payment Level	% of 1982 Standard	% of 1983 Standard
$593	$660	$368	62%	56%

MAXIMUM FOOD STAMP ALLOTMENT	+	PAYMENT LEVELS		
$233		$368	=	$601

PAYMENT LEVEL + FOOD STAMP ALLOTMENT AS A PERCENTAGE OF THE 1983 STANDARD

91%

The Jewish Federation of Metropolitan Chicago defines the Economically Disadvantaged according to a standard established by the United Way of Metropolitan Chicago. In December of 1981, the United Way recommended that the threshold for the economically disadvantaged be revised as follows for 1982. For comparative purposes the current Federal guidelines are also shown.

FAMILY SIZE	UNITED WAY ANNUAL INCOME E.D. GUIDELINES	FEDERAL POVERTY INCOME GUIDELINES
1	$ 6,700	$ 4,860
2	9,300	6,540
3	10,800	8,220
4	12,300	9,900
5	13,800	11,580
6	15,300	13,260
Each additional Person	1,500	1,680

In April of 1982 and March, 1983, at the request of the Jewish Federation, the Illinois Department of Public Aid analyzed its client files in two of its offices on the North Side of Chicago (Northern District Office and the Uptown District Office). The following chart showing a distribution of Jewish public assistance cases by zip code area is based upon an analysis of a list of recipients with distinctive sounding Jewish names. Previous studies suggest that such a listing of names represents about 10% of the Jewish population actually receiving such services. Thus, it was estimated that on the Northside of Chicago and in the near Northern (Skokie, Wilmette, and Des Plaines) and Northwest suburbs there were 1,900 Jews receiving some form of public aid as of May, 1982 and that the number increased to 2,500 as of March, 1983 -- an increase of about 30%.

In March 1983, there were 187 public assistance cases involving Jewish clients, a 23% increase over the 152 Jewish cases reported in April, 1982. This increase occured primarily in East Rogers Park (60626) and in suburban areas.

DISTRIBUTION OF JEWISH PUBLIC ASSISTANCE CASES BY ZIP CODE AREA

		APRIL, 1982		MARCH, 1983	
ZIP CODE	APPROXIMATE AREA	NUMBER	PERCENT	NUMBER	PERCENT
60626	East Rogers Park	16	10.5	28	15.0
60645	West Rogers Park	21	14.0	24	13.0
60660	Edgewater	10	6.5	11	6.0
60640	Uptown	29	19.0	28	15.0
60659	North Park	17	11.0	15	8.0
60625	Albany Park	13	8.8	11	6.0
60613	Lakeview	8	5.2	14	7.0
Misc. Codes		8	5.2	5	3.0
Suburbs		30	20.0	51	27.0
TOTAL CASES		152	100.0	187	100.0
TOTAL NO. OF PERSONS		190		250	

Source: Illinois Department of Public Aid, April 1982 and March 1983.

There has been a shift in categories of need as reflected by the types of public aid received by Jews. In 1982 almost one-half of the recipients were receiving Medical Assistance only. The second largest aid category was General Assistance, followed closely by Old Age Assistance, and Food Stamps only. By March 1983, Medical Assistance Only cases represented one-third of the cases, followed by Food Stamps Only, General Assistance and Aid to Families with Dependent Children. This shift is confirmed by changes in the age distribution of the Jewish Adults who received public assistance. In 1982, approximately 40% of the adult recipients were over age 65, whereas by 1983 the number over age 65 declined to 26%. The poor economic conditions of 1982 and 1983 have led to an increase in Jewish use of public assistance services, especially food stamps and medical assistance by non-elderly familes. A separate analysis of Russian immigrants on public aid revealed that as of September, 1982 there were 189 cases involving 338 individuals, out of 2,486 whom we resettled during the preceeding three years. While the number is not large, only 13.6% of the total, it does appear to be on the increase because of the economy. An analysis of Soviet Jews on General Assistance as of March 15, 1983 reveals that there are 94 cases involving 111 individuals, and that 60 of the cases also receive Food Stamps. (We are awaiting an update from the State on the number of AFDC recipients.)

At the end of January 1983, unemployment in Illinois was 12.6% compared to 10.8% nationally, and 3.4% higher in the state than one year ago. This means that 712,000 persons out of a work force of 5,641,000 in Illinois were out of work.(8) In February, 1983 these numbers rose to 13.5% in Illinois (+.9% compared to January) with 759,000 out of work (an increase of 47,000 over January).(9) This, of course, does not include the hundreds of thousands in our state who have given up hope, have stopped reporting to the unemployment offices, and are thus no longer counted among the unemployed each month. Illinois is among the four states out of the entire country with the highest unemployment rates.

The State of Illinois estimates that it will spend $2.3 billion in FY'83 for unemployment compensation (an increase of 4% over FY'82) and $2.9 billion in FY'83 for public welfare grants and health care (an increase of 6% over FY'82) as a direct consequence of the effects of the recession on individuals and families. This increase would be higher, except for categorical exclusions of whole segments of needy Illinois residents from further public aid eligibility. It is further estimated that these expenditures will continue to increase by at least 3% to 5% for each of the next two years.

The unemployment rate in Illinois for FY 1983 and 1984 is projected to continue at 12%.*

Nationally, unemployment in the Jewish community is estimated at between 250,000 to 300,000 by Herbert Bienstock, former regional labor commissioner, Bureau of Labor Statistics, U.S. Department of Labor.(10) JVS reports that in 1982 out of 10,245 people served, 6,300 members of the Jewish community required job placement services. While unemployment among Jews is likely to be lower than the general population, because Jews tend to be concentrated in professions - service oriented professions in particular - they have a greater possibility than their counterparts of being among the ranks of unemployed professionals.(11) An immediate consequence of the loss of employment tends to be the loss of health insurance. The Congressional Budget Office, respected for its careful analysis, estimates that more than 10 million people are now without health insurance as a direct result of unemployment.(12) That 10 million does not include an additional nearly 700,000 children from poor families who lost free health care as a result of administration supported program changes.(13)

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* Based upon information provided by:

Jess McDonald, Chief, Health & Social Services, Bureau of the Budget, Office of the Governor.
Richard Lowe, Research Analyst, Bureau of Employment Security, Illinois Department of Labor.
Jeanette Jordan, Public Information Officer, Illinois Department of Public Aid.

In 1976 the Joint Economic Committee of the Congress published a pioneering study it commissioned of the social costs of unemployment. Exhaustive research uncovered the existence of a strong relationship between the stress caused by unemployment and a variety of physical and mental illnesses and increases in aggression and violence.

While the relationship was not proven to be correlated to a degree sufficient to satisfy a test of statistical significance which would prove a cause and effect relationship, the researchers found such consistent and strong direction in the data that they concluded that for every increase of 1.4% in unemployment there is an undeniable and terrible human cost as evidenced by increases in substance abuse, suicides, mental hospital admissions, increases in the rates of severe physical ailments, deaths (liver, renal, and cardio-vascular mortality), homicides, and prison admissions.(14)

In addition, it has been found that over a subsequent five year period following an increase in unemployment these consequences multiply in the strength of their impact.

An illustration of these frightening realities may be found in the following table excerpted from the report referred to above:

Social Stress Indicator	Stress Incidence In 1975	Increase in Stress Indicator Resulting From a 1.4% Rise in Unemployment	Increase in Stress Incidence Due to the Rise In Unemployment
Suicides	29,960	5.7%	1,540
State Mental Hospital Admissions	117,480	4.7%	5,520
State Prison Admissions	136,875	5.6%	7,660
Homicides	21,730	8.0%	1,740
Cirrhosis of the Liver Mortalities	32,080	2.7%	870
Cardiovascular-Renal Disease Mortalities	979,180	2.7%	26,440
Other Mortalities	1,910,000	2.7%	51,570

The economic loss to our society resulting from these human tragedies was conservatively estimated at $8.7 billion in 1975.

Many economists have examined the relationship between unemployment and the general state of the economy, but few have studied the relationship of those variables to social welfare programs. One economist with a long standing interest in this area is Robert Harris who has concluded that there are a number of key factors resulting from a poor economy, low productivity, and unemployment which are likely to contribute to the maintenance of pressures to continue expansion of public social welfare programs.

These are:

- There will continue to be an instability in our educational institutions caused by fluctuating populations of school age children and unpredictable fertility rates.

- Similarly, the nation's housing and labor markets will continue to suffer the effects of this expansion and decline phenomenon. There are too many new labor market entrants and not enough low cost housing for young families.

- In the future the baby boom generation will place great demands on our health care and pension systems. We are beginning to see the effects of these problems now.

- Population movement out of older urban centers has contributed to substantial housing stock deterioration in some cities. Increases in the number of homeless, and the shrinking number of low and moderately priced rental units are examples of this.

- The increase in the number of older citizens requiring costly and specialized services will continue to grow steadily.

- The number of women in the workforce and the family support services required will continue to increase, and

- The decline in economic productivity and the deceleration of productivity growth since 1950 is the most dangerous of all factors since the resources required to support social welfare programs shrink in direct proportion to declining productivity.(15)

Another dimension of the story, alluded to earlier, is the relationship between economic disadvantage and household composition. Several recent analyses have concluded that there is a clear and permanent increase in the number of households headed by females without husbands who are also economically disadvantaged.

Indeed, a recent report to the President, studiously ignored and quietly shelved by the Federal government, states that between 1969 and 1978 there was a dramatic increase in the number of households headed by poor women with children. During the nine year period studied, the number "increased by one-third, from 1.8 to 2.7 million. Today more than half of the total number of poor families are maintained by women .... Families with female heads have a poverty rate six times that of male-headed households".(16)

A report of the Task Force on the Future of Illinois forecasting trends and projections to the year 2000 contains a statement indicating that the number of families headed by single mothers will increase by 65% from 298,000 families in 1970 to 491,000 in the year 2000. While the total number of families in Illinois will increase, the proportion of households headed by women will also increase from 10.7% in 1970 to 13.4% in 2000.(17)

Our own demographic data on Chicago Jewry shows that while single parent households which included children account for only 5% of all Jewish families, they constitute 8.5% of economically disadvantaged households in the Jewish community in Chicago. When one looks at economically disadvantaged families with the largest number of children this number leaps to 12%. Children under 18 years of age are 21% of the total Jewish population in the Chicago area, but nearly 10% of them are members of economically disadvantaged families.* These patterns are consistent with the findings describing disadvantaged families in the general population.

Perhaps the single most frightening indicator of economic disadvantage is the dramatic increase in the numbers of people who do not have enough money to feed themselves adequately. Estimates are that there are 600,000 people in Chicago unable to adequately feed themselves. In the City of Chicago during all of 1982 78,433 food packages were distributed by the Department of Human Services to individuals and families (a 121% increase over 1981). 35,439 were distributed during the first nine months, and 42,994 food packages were distributed in just the last three months of the year. And this has been an unusually mild winter! Additionally, private food pantries gave out 6,655,489 lbs. of food during 1982 (613,378 lbs. were distributed in December of 1982) and continue to report dramatic increases in the number of requests they are receiving. Combined reports of public and private emergency food programs for December, 1982 show that nearly 442,000 people were given assistance.(18)

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* See Section 4 for further detail.

The Jewish community will provide food to somewhere between 8,000 - 10,000 people in 1982-83. This number is derived from statistics on services provided by Federation agencies, a survey Federation conducted of emergency assistance provided by a sample of synagogues, and a report from Moes Chittim (the Passover food for the needy program). Several synagogues annually contribute thousands of dollars to food pantries or to the City's emergency food program. One has been operating a food pantry directly for two years. The Council for Jewish Elderly, the Jewish Community Centers, and The ARK provide home delivered meals, group nutrition programs at several sites, a food cooperative for Senior Adults, and food pantries in Albany Park and East/West Rogers Park. In addition, the Jewish Family and Community Service frequently provides emergency cash assistance to families to help them buy food.

Finally, undocumented estimates of the numbers of persons in Chicago requiring emergency shelter range from 12,000 to 20,000. The City serves approximately 2,500 persons daily who need emergency shelter.* During a recent six month period Federation agencies on the Northside of Chicago reported receiving 50 requests for emergency shelter for Jewish individuals and familes. It is known that, for example, the Pacific Gardens Mission which has a capacity of 150 now routinely provides shelter to over 400 each night.

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* Based on information provided by Aviva Silverman, Department of Human Services, City of Chicago.

With each passing day, as has been noted earlier, these circumstances are affecting growing numbers of members of the Jewish community in the Chicago area.

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(4) Ken Auletta, "Dependency and Dignity," NEW REPUBLIC, February 7, 1983, page 35.

(5) "Nine of 10 Households Got Non-Cash Benefits," SUN-TIMES, February 1, 1983.

(6) "Annual Revision of Poverty Income Guidelines," FEDERAL REGISTER, Vol. 48, No. 34, February 17, 1983, pp. 7010-7011.

(7) "Standard of Assistance Updated," WELFARE UPDATE, Illinois Legislative Advisory Committee on Public Aid, December, 1982.

(8) "'Take Heart' Jobless," CHICAGO TRIBUNE, February 4, 1983.

(9) "State Jobless Rate Up .9% for 13.5% Total," CHICAGO TRIBUNE, March 4, 1983.

(10) "'Unemployment Hits Jews Especially Hard': N.Y. Employment Director," SENTINEL (JTA BULLETIN), February 10, 1983, pp. 2 and 44.

(11) William Bole, "Unemployment: A Jewish Problem, Too," BALTIMORE JEWISH TIMES, November 19, 1982, pp. 60-62.

(12) "10 Million Jobless Lost Health Care, Expert Says," SUN-TIMES, January 25, 1983.

(13) "Children's Fund Finds 700,000 Lost Free Care In '81 U.S. Health Cuts," WALL STREET JOURNAL, January 12, 1983.

(14) M. Harvey Brenner, "Estimating the Social Costs of National Economic Policy: Implications for Mental and Physical Health, and Criminal Aggression," in ACHIEVING THE GOALS OF THE UNEMPLOYMENT ACT OF 1946 - THIRTIETH ANNIVERSARY REVIEW, Vol. 1 -- Employment, Joint Economic Committee, Congress of the United States, December 26, 1976. See pp. III-VII.

(15) Robert Harris, "Trends in Social Welfare Spending: Factors That Will Shape the Future," in FEDERAL FINANCE: THE PURSUIT OF AMERICAN GOALS, SPECIAL STUDY ON ECONOMIC CHANGE, Vol. 6, Joint Economic Committee, Congress of the United States, December 23, 1980, pp. 287-330.

(16) National Advisory Council on Economic Opportunity, THE AMERICAN PROMISE: JUSTICE AND ECONOMIC OPPORTUNITY, FINAL REPORT, September, 1981, p. 8.

(17) Task Force on the Future of Illinois, HUMAN SERVICES IN ILLINOIS: TRENDS AND PROJECTIONS TO THE YEAR 2000, May, 1980, pp. 34-39.

(18) Source: City of Chicago, Social Services Task Force, PROGRESS REPORT AND EXECUTIVE SUMMARY SUBMITTED TO THE MAYOR, February, 1983.

SECTION 4

PROFILE OF THE JEWISH ECONOMICALLY DISADVANTAGED AND VULNERABLE IN THE CHICAGO METROPOLITAN AREA - 1981

The current estimate of economically disadvantaged (E.D.) Jewish households in the Chicago Metropolitan area is 12,700 (11.8%) households, consisting of 18,500 Jewish individuals, about 7.5% of the Jewish population. In addition, there are 6,300 households of three or more persons with an income between $10,000 - $20,000 who may be considered economically vulnerable (E.V.). These vulnerable households contain 18,500 individuals, about 7.5% of the Jewish population.

These estimates were derived from the 1981-82 Metropolitan Chicago Jewish population study, a random digit dialing survey of 1247 Jewish households representing the non-institutionalized Jewish population estimated at 248,000 people comprising 107,700 households. The study was conducted during the Fall of 1981 and January, 1982.

The criteria of economic disadvantage used in this report is based on a combination of income category and household size, coded to approximately conform to the United Way definition of economic disadvantage. These criteria include not only those living at subsistence or "poverty" level, but also those in marginal income categories, in which family economic resources may not be adequate for a level of living deemed desirable by the Jewish community. The United Way definition for economic disadvantage is: household size of 1, income level $6,700; Household size of 2, income level $9,300; with an increase of $1,500 in income for each additional person in the household. Since the income data were collected in categories which only approximate the United Way definition, we cannot match them exactly. (Table 1-A shows the criteria of economic disadvantage used in this report.)

There are two possible sources of bias in these estimates. One source is response error. Approximately 25% of identified Jewish households refused to be interviewed. As a result of a follow-up study, we know the refusal rate was higher among the elderly who are more likely to live on a limited income than other age groups. In addition, we were not able to interview those without telephones. These factors contribute to a possible underestimate of economic disadvantage. Finally, it must be emphasized that since the data are derived from a sample and not a census of the entire population, they should be viewed as estimates, subject to sampling error.

These estimates refer to data at only one point in time. The questionaire inquired about 1980 household income. Thus, the data include those temporarily with low or inadequate income, as well as those chronically economically disadvantaged. However, the estimate does exclude college students living away from home. It should also be noted that since the data were collected, economic conditions have worsened. In all likelihood these data underestimate the present picture.

ESTIMATE OF ECONOMICALLY DISADVANTAGED AND VULNERABLE JEWISH POPULATION

Table 1A and 1B present the basic distribution of E.D. among five categories of disadvantage. Categories A, B, C, and D represent economically disadvantaged families and individuals; category E the economically vulnerable.

Single-person households with incomes of less than $5,000 and multiple-person households with incomes of less than $10,000 are coping with very little economic security. These groups comprise approximately two-thirds of the economically disadvantaged households and 8% of all Jewish households. In addition, 5.8% of all Jewish households are economically vulnerable.

TABLE 1-A: NUMBER AND PERCENT OF JEWISH ECONOMICALLY DISADVANTAGED AND VULNERABLE HOUSEHOLDS

ECONOMICALLY DISADVANTAGED	HOUSEHOLD SIZE	ANNUAL INCOME RANGE	ESTIMATED NUMBER	% OF E.D.	% OF ALL HOUSEHOLDS
A.	1	$ 0 - $ 5,000	2,300	18.1	2.1
B.	1	$ 5 - $10,000	4,000	31.5	3.7
C.	2	$ 0 - $10,000	4,900	38.6	4.5
D.	3 +	$ 0 - $10,000	1,500	11.8	1.4
		SUB-TOTAL:	12,730	100	11.8
ECONOMICALLY VULNERABLE					
E.	3 +	$10 - $20,000	6,300		5.8
		TOTAL:	19,000		17.7

TABLE 1-B: NUMBER AND PERCENT OF JEWISH ECONOMICALLY DISADVANTAGED AND VULNERABLE INDIVIDUALS *

ECONOMICALLY DISADVANTAGED	HOUSEHOLD SIZE	ANNUAL INCOME RANGE	ESTIMATED NUMBER	% OF E.D. INDIV.	% OF POPULATION	% OF E.D. AGE 65 AND OVER
A.	1	$ 0 - $ 5,000	2,300	12.5	.9	60
B.	1	$ 5 - $10,000	4,000	21.7	1.6	77
C.	2	$ 0 - $10,000	8,500	45.7	3.4	43
D.	3 +	$ 0 - $10,000	3,700	20.1	1.5	23
		SUB-TOTAL:	18,500	100	7.4	
ECONOMICALLY VULNERABLE						
E.	3 +	$10 - $20,000	18,500		7.5	4.5
		TOTAL:	37,000		14.9	

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* Non-Jewish individuals living in economically disadvantaged Jewish households not included.

AGE DISTRIBUTION

The information portrayed in Tables 1-A and 1-B points to an important qualitative difference between the economically disadvantaged and the economically vulnerable. The small one and two person households that comprise over 85% of the economically disadvantaged include high proportions of Jewish elderly. By contrast, the economically vulnerable are younger families and individuals. These differences are seen specifically in Table 2-A and 2-B, and in Table 3.

The tables below present the age distribution of the economically disadvantaged and vulnerable, the proportion of each age group in these populations and the percentage of each age group that is disadvantaged or vulnerable.

TABLE 2-A: AGE DISTRIBUTION OF ECONOMICALLY DISADVANTAGED INDIVIDUALS

	Estimated Number**	% of E.D.	% E.D. of Total Age Group
Under 18	800	4.3	1.5
18 - 29 years	4,000	21.6	8.5
30 - 49 years	2,500	13.6	3.4
50 - 64 years	2,300	12.4	5.5
65 - 74 years	5,000	27.0	25.5
75 and over	3,900	21.1	43.0
TOTAL:	18,500	100.0	

TABLE 2-B: AGE DISTRIBUTION OF ECONOMICALLY VULNERABLE (E.V.) INDIVIDUALS

	Estimated Number**	% of E.V.	% E.V. of Total Age Group
Under 18	4,400	23.7	8.3
18 - 29 years	5,500	29.6	11.8
30 - 49 years	4,400	24.1	6.1
50 - 64 years	3,400	18.3	8.2
65 - 74 years	800	4.3	4.0
75 and over*	--	--	--
TOTAL:	18,500	100.0	

* Too few individuals in age group to estimate accurately.
** Refusals and non-response to age questions are not included in estimate.

As noted earlier, the elderly are clearly over-represented in economically disadvantaged populations: almost one-half (48.1%) of the E.D. are 65 years of age or older. Furthermore, almost 26% of those 65-74 years of age, and 43% of those 75 and older are economically disadvantaged. Thus, almost one out of three Jewish elderly have incomes under $10,000. Reflecting the different life-spans of men and women, 60% of the economically disadvantaged group are women.

Equally striking is the over-representation of young adults age 18-29 among the economically vulnerable (29.6% compared to 19% in the total Jewish population). Many of these individuals are beginning careers and their economic limitations may be a temporary life cycle phenomenon. We assume that many of the young families found in this age category are probably located near the upper range of our economic disadvantaged criteria, and thus marginally disadvantaged. Overall, about 10% of Jewish children under 18 are growing up in constricted economic situations.

HOUSEHOLD COMPOSITION

Table 3 compares the distribution of household types among the economically disadvantaged and the economically vulnerable:

TABLE 3:

	ECONOMICALLY DISADVANTAGED HOUSEHOLDS		ECONOMICALLY VULNERABLE HOUSEHOLDS	
HOUSEHOLD COMPOSITION	ESTIMATED NUMBER	%	ESTIMATED NUMBER	%
Singles, 18 - 39[a]	3,900	31	400	6
Singles, 40 - 64[a]	1,000	8	c	--
Families with Children under 18[b]	500	4	3,300	53
Couples[c] and Families with Children over 18 at Home	1,200	9	2,600	41
Elderly Households	6,100	48	d	--
TOTAL:	12,700	100%	6,300	100%

Notes:

a) Singles refers to 1 or more unattached adults in age group in household.

b) Families with children under 18 living at home includes about 700 single parent families, most of whom are in the economically vulnerable category.

c) Couples over 40 without children living at home (nearly all have grown children).

d) Too few households to estimate accurately.

It is obvious that each disadvantaged group is comprised of households at quite different life-cycle stages, suggesting different causal factors and service needs. Economically disadvantaged households are those at the beginning and end of the life-cycle; 31% of the economically disadvantaged are households of single adults under 40 and 48% are those containing elderly Jews. By way of contrast, families with children of all ages are the major groups among the economically vulnerable. Especially striking is the large percentage of families with older children living at home. We do not know if these older children are handicapped or limited adults unable to function adequately in society, young adults unable to sustain themselves because of low paying skill-level jobs, adult children supporting infirm parents, or recently divorced/separated children living at home temporarily.

The economically disadvantaged are slightly more isolated than the general Jewish population. 34% had no close relatives in the Chicago area or saw relatives less often than once a month, compared to 27% of all Jewish households. Although the percentages are quite small, it is interesting to note that 4% of the economically disadvantaged respondents have no close friends in the Chicago area, compared to less than 1% of all Jewish respondents. The impact of these forms of isolation may be intensified by the lack of other resources in these household.

LOCATION

77% of the economically disadvantaged households live in Chicago; this includes over 95% of the elderly single Jewish poor. Almost one-half live in East and West Rogers Park; the remainder are found in Albany Park and along the Lake front. Slightly over one-half of the economically vulnerable live in Chicago; the remainder are dispersed throughout the suburbs, with concentrations in Skokie and Evanston. As a result of the small number of cases sampled at this level, we cannot make specific neighborhood estimates. There was evidence that most of our respondents were satisfied with the neighborhoods in which they lived. 83% of the economically disadvantaged, and 94% of the economically vulnerable and non-E.D./vulnerable were at least moderately satisfied with their neighborhoods.

HOUSING ASSETS

Approximately 30% of those living in economically disadvantaged households own their homes, compared to 60% of the economically vulnerable. Home ownership is negligible (13%) for those 1 or 2 person households with income under $5,000. This can be compared with the two-thirds of non-economically disadvantaged or vulnerable households who own their homes.

EDUCATION AND OCCUPATION

The median number of years of education of the economically disadvantaged respondents is 12 years (i.e. high school), but the median education level is slightly lower for the one-person E.D. households who tend to be elderly. The median educational level for the economically vulnerable is higher, about 14 years (i.e. two years of college). About 14% of this latter group have post-graduate degrees; their salaries probably represent their status as new entrants or trainees in the workforce.

Approximately one out of five economically disadvantaged households, and slightly over one-half of the economically vulnerable have at least one full-time worker. About 20% of both economically disadvantaged and economically vulnerable are dual-income families; 20% of the economically disadvantaged couples are retired. In general, the occupational distribution reflects the age of the economically disadvantaged adults. The elderly are more likely to have worked in blue collar occupations, while the younger families are more likely to be in white collar occupations. Compared to the general Jewish population, younger household heads are over-represented in the blue collar occupations.

RELIGIOUS IDENTIFICATION

Among the economically disadvantaged, 34% of the respondents identify themselves as Conservative, 24% as Reform, and 22% as Orthodox/Traditional. This is a larger proportion of Orthodox/Traditional than in the general population (10%). The economically vulnerable are more likely to be Reform (42%) or Conservative (35%).

Twenty-nine percent (29%) of the economically disadvantaged, and 41% of the economically vulnerable households report belonging to a synagogue, compared to 43% of the total Jewish population.

USE OF FEDERATION SERVICES

Economically disadvantaged and vulnerable respondents were not more likely to use Federation supported services than non-economically disadvantaged and vulnerable. Approximately 30% of all three groups indicated that they or someone in their household had used a service supported by the Jewish Federation.

CONCLUSION

These findings provide a profile of the demographic characteristics of economically disadvantaged and economically vulnerable Jews in metropolitan Chicago. They do not provide indicators of service needs, or even of clear-cut economic need as we lack specifics on sources of income of all household members and non-pecuniary income. They do, however, suggest the existence of a broad range of economic disadvantage within which clusters of households with varying degrees of economic hardship can be identified.

The elderly economically disadvantaged are one such cluster. There are approximately 4,000 E.D. Jewish elderly over 75 years of age, representing about 36% of Jewish individuals in this age group. Many studies suggests that the "old-old" are most vulnerable to economic setbacks due to unforseen medical or housing needs, and this economically disadvantaged group has inadequate resources as it is. A wide range of supportive and financial services will be needed. There are an additional

2,000 individuals, age 65-74 with incomes under $5,000. These older persons are "poor" by any criteria. Their needs are likely to be chronic and include persons experiencing high levels of stress caused by recurring medical and financial problems. Concrete services such as medical care, housing, and nutrition may be needed for many in this cluster.

The economically vulnerable are primarily families in marginal situations. Many of these are young adults at the beginning of their earnings capability; their limited economic resources may be a temporary condition or a function of the current poor job market. Much of their economic restriction may also be a result of low wages associated with low-skill jobs. Yet, little is known about how these young adults and/or young families manage, and what restriction of basic food, medical, and shelter needs they experience. Many are families who are susceptible to severe economic dislocation if there is any financial or medical crises in the household. A wide variety of services including teaching of home management skills, vocational counseling, loans, scholarship assistance, and supportive counseling may be needed to meet the service needs of this group.

In general, these findings provide a profile of the economically disadvantaged which must be supplmented by the results of other data collected in this study. Different planning strategies will be needed for each heterogenous cluster of economically disadvantaged in the Jewish community.

SECTION 5

SERVICE ANALYSIS - THE CURRENT PICTURE AND FUTURE NEEDS

When this project began, in August 1982, few of those associated with it thought that we would end up with documentation describing in depth the kind of massive investment the Jewish community is making as we try to ameliorate the debilitating effects of economic disadvantage. This section of the report is devoted to that documentation.

On the other hand, no one could anticipate the depth of the problem our exploration was to reveal. It is characterized by the 30% increase, discussed earlier in Section 3, since last year in the number of Jews receiving some form of public assistance and the story about the North suburban man who gets up each morning, dresses and has breakfast, proceeds to the train station, buys his Wall Street Journal, and boards the train to downtown Chicago. There he spends the day at the public library. This former business executive lost his job after more than 20 years of continuous and increasingly responsible employment. Now he looks for a new job without success and his family and friends do not even know that he is unemployed.

A moderately - but permanently - handicapped women sits at home day after day slowly deteriorating mentally and physically. Formerly an employee in a downtown manufacturing firm, she was forced to quit her job when the special supportive housekeeping assistance she requires to function was denied due to Federal government cutbacks in services for the handicapped. Now her meager reserves are running out, and she will soon have to apply for public assistance. Another sign of the times.

> The practice of social work is and always has been fraught with the problems inherent in the struggle to have human values determine social and economic changes. At the core of social work practice is respect for the capacity of every human being to think and act for himself, in cooperation with others for his own and the common "good" -- which brings it in conflict with other groups operating from a different philosophy. During the last two and a half centuries one of the world-wide ideological struggles centered around the causes of poverty. Slowly society has moved from blaming the poor for being poor, to condemning the social situations which create poverty .... A companion to the struggle against poverty is the conflict over methods by which it should be abolished. Twentieth century social work has stood firmly on the philosophy of "working with" people who need help in contrast to "working for" them. A program no matter how benevolent is not in line with the philosophy of social work practice unless it provides for the involvement of all people in decisions vital to them. This is the method of democracy in contrast to that of totalitarianism. (19)

Although those words were written over thirty years ago they guided our deliberations as if they had been set to paper only yesterday. Our struggle is not a new one: how to meet seemingly overwhelming human needs with too few resources? The first challenge, therefore, was to understand more clearly the problem confronting our community.

First, we conducted an examination of the extent to which Federation agency services were directed towards the economically disadvantaged when contrasted to the amount spent for all social services and the amount spent for the specific social services most utilized by economically disadvantaged persons. The findings are spelled out in detail on the two tables following this page.

In summary, it is interesting to note that the Jewish Federation agencies estimated expenditures of $13,561,001 in 1982-83 for services most used by economically disadvantaged persons (see the two charts following this page for details) accounts for 42.3% of the total of $31,993,984 we estimate we will spend on all social services.* To the $13.7 million one must add the hospital's estimate of just over $14,000,000 in free health care for which they receive no reimbursement from any source.

A comparison of the proportion of the cost of social services most utilized by the economically disadvantaged to the cost for all people using these services shows that the $13.5 million is 75.4% of the total cost of $17.9 million (see the next page). The Jewish Federation allocation accounts for more than 50% of the cost of the service provided to the economically disadvantaged and about 44% of the total cost of these services for all people who use them. Again, it must be noted that costs for health care and Jewish education have been excluded.

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* The estimate of $31,993,984 includes: Jewish Federation allocations for local social welfare services, Russian resettlement and acculturation, and agency generated revenue from all services. Jewish educational and health care costs are not included. The $13,562,001 does not include $100,000 spent by Moes Chittim.

JEWISH FEDERATION OF METROPOLITAN CHICAGO
EMERGENCY FINANCIAL ASSISTANCE AND OTHER FORMS OF AID TO THE ECONOMICALLY DISADVANTAGED

Type of Service	Estimated Expenses 1982/83	Estimated No. of Persons Served 1982/83
EMERGENCY CASH		
JFCS	$ 90,600	500
ARK	21,200	500
CJE	1,000	50
Michael Reese	59,510	na*
Subtotal:	$172,310	1,050
FOOD		
ARK	70,000	1,250
Moes Chittim (non-Federation)	100,000	5,000
CJE	5,000	100
Mt. Sinai	150	75
Michael Reese	1,270	na
Subtotal:	$176,420	6,425
TRANSPORTATION		
JVS	94,086	1,400
Mt. Sinai	10,000	1,300
Michael Reese	9,227	na
Subtotal:	$113,313	2,700
PHARMACEUTICALS		
ARK	25,000	500
Subtotal:	$25,000	500
ALLOWANCE/CLOTHING		
JCB	40,000	55
CJE	56,100	185
Subtotal:	$96,100	240
LOAN FUNDS		
JFCS	74,525	245
Refugees	223,000	35
Subtotal:	$297,525	280
SCHOLARSHIP FOR E.D.		
JVS	55,582	15
JFCS	1,500	4
JCC	172,077	711
Jewish Federation - JVS Administered	131,596	100
Subtotal:	$360,755	830
REFUGEE CASH ASSISTANCE	698,273	440
Subtotal:	$698,273	440
TOTAL:	$1,939,696	12,465

* Information not available

In order to assess the full extent of Jewish resources being made available to economically disadvantaged persons a survey of a cross section of synagogues was initiated with the cooperation of the Chicago Board of Rabbis. We purposely selected synagogues in a variety of neighborhoods in Chicago as well as a few in each of the South, Northwest, and North suburban areas where the Jewish population is concentrated.

The information provided by thirty Rabbis enabled us to construct a picture of an important, but little understood channel for caring for the needy -- Jew and non-Jew. Based upon an estimate of about $60,000 being spent by 30 synagogues in the survey, it is probable that synagogues are providing in excess of $100,000 for emergency assistance throughout the Chicago metropolitan area.

Of considerable interest is the fact that a number of synagogues are engaged in supporting inter-faith food pantries, the City's emergency food program, and in one case has been operating a food pantry for two years. Clearly, congregations constitute an untapped resource. The data suggests that more specific explorations should take place between the Chicago Board of Rabbis and the Jewish Federation.

The survey findings are presented in detail beginning on the next page.

JEWISH FEDERATION SERVICES MOST UTILIZED BY ECONOMICALLY DISADVANTAGED PERSONS

(Does not include Emergency Cash Assistance or Other Forms of Aid)

SERVICE CATEGORIES	Estimated Cost of Service to E.D. 1982-83 in Rank Order	Average Cost Per E.D. Person Served 1982-83	Estimated Total Cost	Jewish Fed. Allocation 1982-83	Estimated Total Number of Persons Served 1982-83	% Economically Disadvantaged of Total Served	Estimated Number of E.D. People Served 1982-83
LONG TERM CARE - LIEBERMAN	$3,943,206	$22,278	$5,079,500	$1,365,830	228	78%	177
VOCATIONAL-REHABILITATION TRAINING	1,996,344	2,142	2,894,143	530,222	1,351	69%	932
COUNSELING	1,492,599	157	4,545,029	3,445,644	28,880	33%	9,507
CHILD WELFARE-GROUP HOMES	751,038	17,466	1,047,996	413,379	60	71%	43
GROUP LIVING - WEINFELD/ROBINEAU	641,160	14,248	641,174	214,584	45	100%	45
JOB SKILLS TRAINING	544,628	1,468	811,898	120,018	553	69%	371
HOUSEKEEPING & HOMEMAKING	482,652	738	542,662	455,841	735	89%	654
NUTRITION-GROUP SITES	280,800	216	280,782	147,357	1,300	100%	1,300
INFORMATION & REFERRAL	277,216	32	444,884	377,115	13,750	63%	8,663
FOSTER FAMILY CARE - REGULAR	273,944	6,226	311,323	155,940	50	88%	44
FOSTER FAMILY CARE - SPECIAL	172,602	28,767	201,370	75,855	7	82%	6
FOSTER FAMILY CARE - INTENSIVE	174,804	24,972	174,807	43,678	7	100%	7
TRANSPORTATION	189,000	216	280,553	189,358	1,300	67%	875
HOME HEALTH CARE	161,616	364	185,705	162,900	510	87%	444
DAY CARE - SENIOR ADULTS	119,192	1,268	126,820	67,845	100	94%	94
NUTRITION - HOME DELIVERED MEALS	110,425	631	211,379	103,591	335	52%	175
MATERNITY HOME SERVICES	80,192	2,864	85,936	73,940	30	94%	28
NON-HOSPITAL CLINIC SERVICES	29,887	19	34,709	11,300	1,850	85%	1,573
SUB-TOTAL	$11,721,305	--	$17,900,670	$7,954,397	--*	--*	--*
FREE HEALTH CARE							
MICHAEL REESE HOSPITAL	$13,000,000	$722	195,257,000	610,000	FREE CARE - 18,000		
MOUNT SINAI HOSPITAL	1,255,000	214	69,914,665	560,000	FREE CARE - 5,877**		
SUB-TOTAL	$14,255,000	--	$265,171,665	$1,170,000			
TOTAL	$25,976,305	--	$283,072,335	$9,124,397	23,877		

* Cannot be totaled since numbers are a duplicate count

** 61.3% (3,603 persons) of Free Care at Mt. Sinai is provided to Jews and costs $913,900

The primary inhibitors to active participation in quality secular and Jewish life are inadequate income, disability, lack of suitable information about services, and services being unavailable. Often, the disadvantaged population finds itself burdened with some combination of these problems, or all of them at once. The lack of income may be due to chronic or temporary unemployment, lack of of marketable training and skills, or the inability to work because of physical, mental or emotional disability. Less income prohibits the purchase of social services or participation in religious life. Information networks sometimes exclude low-income subgroups, and many individuals are simply unaware of assistance or service programs that are available. And, in some cases, services are not available at all, either in the public sector or in the private non-profit sector.

Jews on the edge can be divided into two basic categories: dependent and dislocated. Dependent populations denote chronic income, health, or other limiting factors that prohibit adequate participation in economic and social well being. This dependency is defined as lasting one year or more. Dislocated populations are those that suffer from acute separation from economic or social well being, such as the newly unemployed, critically injured, or divorced individuals with children. It is possible, of course, for an individual to move from being dislocated to dependent. Clearly, in discussing dependent and dislocated populations, we are defining a population that encompasses a larger proportion of the Jewish population than the low-income poor, although this group still comprises the largest category of disadvantaged Jews. We are describing a much broader group -- Jews at the margin of economic and social well being, or a temporary as well as permanent group of disadvantaged individuals. Dislocated and dependent populations can be classified into the following subgroups:

Dependent

1. Poverty level. We are defining "poverty" among Jews at 150% of the Federally defined poverty level (adjusted for region and family size). This standard is used for certain government assistance programs and more acurately reflects the kinds of poverty seen in the Jewish community

2. Low-income. Defined as 200% of the Federally defined poverty level.

3. Permanently Disabled. Even with above-level income levels, these populations, often elderly, require assistance for everyday functions,cannot work, and are often unable to reach transportation or other services.

Dislocated

4. Temporarily disabled, often due to emotional, mental,

Next, we decided that there were four target populations of primary interest:

- FAMILIES WITH CHILDREN
- ELDERLY
- HANDICAPPED CHILDREN AND ADULTS
- ADULTS

In order to understand the intensity of economic disadvantage - since that is an essential element in assessing the need for service - a framework was constructed which seeks to link the degree of intensity of disadvantage to the specific characteristics of each population.

FAMILIES WITH CHILDREN

INTENSITY OF DISADVANTAGED CONDITION	KEY CHARACTERISTICS
CHRONIC	Fixed, Low Income ($6,700) No Resources No available extended family Inadequate Diet May be single parent families High risk for neglect and abuse of children Family violence Family disorganization Poor school functioning
PERIODIC	Family/extended family resources not consistently available Inability to consistently manage own resources Inconsistent Employment Life Cycle component may be present
ACUTE	No resources available to meet sudden and traumatic changes
MARGINAL/ SITUATIONAL	Minimal resources Limited supplementation required

ELDERLY, HANDICAPPED
ADULTS & CHILDREN,
ADULTS-NON-HANDICAPPED

INTENSITY OF DISADVANTAGED CONDITION	KEY CHARACTERISTICS
CHRONIC	Fixed, Low Income ($6,700) No Family No Resources
PERIODIC	Family/extended family resources not consistently available Inability to consistently manage own resources
ACUTE	No resources available to meed sudden and traumatic changes
MARGINAL/ SITUATIONAL	Minimal resources Limited supplementation required

This comprehensive approach permitted an analysis which resulted in the recommendations listed earlier in Section 1.

The following pages contain the detailed analysis developed for each of the four target populations with an introduction to each one containing specific principles applicable to that group.

TARGET POPULATION: FAMILIES WITH CHILDREN

INTRODUCTORY STATEMENTS

- Middle-income families who have been traumatized by the economy and thrown into crisis should not be overlooked in our wish to care for economically disadvantaged families who have been in that position for a longer period of time (i.e. as exemplified by JFCS' current experience throughout its district offices, the increasing middle class caseload of JVS, and the concern expressed by the National Association of Jewish Vocational Services regarding the need for intensification of services to the middle class as a result of the recent experience of its members throughout the United States).

- Among the economically disadvantaged are Jewish families who, thus far, have been unable to remove themselves from the cycle in which they find themselves. While adult family members and/or parents may in fact be chronically disadvantaged, the Jewish community's efforts directed at these families should be designed to provide families with the supports necessary to eliminate the possibility that the children who are members of those households become chronically economically disadvantaged.

- There is a need for greater sensitivity to and a public information program about family violence. It is necessary to educate those who work with people, (i.e. in public schools, synagogues, day school teachers, day and resident camps, agency professionals, etc.) for purposes of sensitizing them so that they are able to recognize the problem.

- Middle-class families, most of whom have not previously had any need for assistance from Federation agencies, and who now find themselves in crisis often have great difficulty using our Jewish communal services. Too often they are unfamiliar with our agencies, confused about how to gain access to the range of services they may require, or may feel that our services are not designed to serve them. Becuase of the increasing number of middle-class families being severely affected by the economy, agency services may need to be "repackaged" in order to reach them. Specialized outreach and public relations programs may also be necessary to achieve this goal.

- Service delivery systems should emphasize easy accessibility of services and an increase in the availability of concrete services.

- Teaching and encouraging the family and individual to use the array of services available in the community is among the highest forms of giving. Financial assistance and other in-kind services should be used differentially.

- We should facilitate the development of networking skills to create and/or broaden linkages for clients served by the Jewish community (i.e., act as a broker for families and self-help groups).

SURVEY OF CASH ASSISTANCE TO ECONOMICALLY DISADVANTAGED PERSONS PROVIDED BY SYNAGOGUES

AREA/NEIGHBORHOOD	AMOUNT OF MONEY PROVIDED	ESTIMATED NUMBER OF PEOPLE SERVED	SOURCE OF FUNDS	COMMENTS
CHICAGO/LAKESIDE				
ANSHE EMET	$3,000 - $4,000 $5.00-$10.00 to individuals		Tzedekah collected for Moes Chittim	Leftover money collected for Moes Chittim goes to needy individuals
ANSHE SHOLOM B'NAI ISRAEL	$1,000	15 - 20	Tzedakah	Emergency needs as they occur
CHICAGO LOOP SYNAGOGUE	$3,000	Undetermined	Tzedakah	Money given for food, rent, car fare
MIKRO KODESH ANSHE TIKTON RAVENSWOOD BUDLONG	$800	35 during 6-8 months	Tzedakah	-
TEMPLE EMANUEL	$2,000 - $3,000 and $1,000 to Dept. of Human Services	Up to 30 per day	Rabbi's Discretionary Fund	Chits for meals instead of cash (up to $3.00 at neighborhood restaurants). Mostly blacks, some Russian Jews, money often runs out before the month is up and then requests slow down as word gets around the community.
TEMPLE SHOLOM	$2,000 to Lakeview Pantry $1,000 to individuals	60 (walk-ins)	Contributions to Temple	No noticeable increase in requests, referrals made to JFCS
ROGERS PARK				
BETH SHOLOM OF ROGERS PARK	$1,000			Money is used for rent, food, etc.
B'NAI JACOB	$1,200	12	Minyan Club on Sunday	Mostly holiday needs, individuals must make a personal visit to the Rabbi

AREA/NEIGHBORHOOD	AMOUNT OF MONEY PROVIDED	ESTIMATED NUMBER OF PEOPLE SERVED	SOURCE OF FUNDS	COMMENTS
ROGERS PARK (CONT)				
B'NEI RUVEN	$5,000 - $6,000	150 - 200	Contributions to Synagogue	Bulk of requests around holidays; most recipients are Jewish; some are congregants, most are not; some families from Albany Park and Peterson Park; many families are repeats through the year. There has not been an increase in requests from individuals, but then there has been from institutions.
CHESED L'AVROHOM	Several thousand	Undetermined	Contributions	
KEHILATH JACOB BETH SAMUEL	$5.00	15 - 18	Rabbi's Discretionary Fund	Little money given to walk-ins. Loans are made to congregants from special fund. Money given to The ARK
KINS	$3,000	Undetermined	Sisterhood gives to this and to institutions	Most requests are referred out
NER TAMID CONGREGATION OF NORTH TOWN	$150	250	Pushke fund and Rabbi's Discretionary Fund	Each person (4-5 a week) receives $5.00
ALBANY PARK				
BETH ISRAEL	$300	30	Tzedakah fund	Each person receives $10.00
EVANSTON				
BETH EMET	$200	6	Rabbi's Discretionary Fund	Not much request, those that do are the local walk-ins. Congregation has arranged for private loans among congregants and an internal job bank has been set up. Referrals to JVS are not made.
SKOKIE				
TEMPLE BETH EL	$1,000 - $2,000	Undetermined	Whatever money is collected, is spent	Funds given to organizations, (i.e., Fraternal Order of Police)

AREA/NEIGHBORHOOD	AMOUNT OF MONEY PROVIDED	ESTIMATED NUMBER OF PEOPLE SERVED	SOURCE OF FUNDS	COMMENTS
SKOKIE (CONT)				
BENE SHALOM OF THE DEAF	$5,400	35 - 45 (3-4 a month)	Tzedakah	Money is used for groceries, rent, medical bills, clothing, many more ask for assistance then are helped, many ask for jobs; about ½ of those who come in have been in before within the year.
EZRA HABONIM	$2,000	12 cong. 6 walk-ins	Whatever is in petty cash plus fund for congregants	
EZRA ISRAEL				
IRAN HEBREW CONGREGATION				
KOL EMETH	$10.00	12	Rabbi's Discretionary Fund collected at evening services	Given to both Jews and non-Jews mainly for food requests
LINCOLNWOOD JEWISH CONGREGATION	$5,000	150 walk-ins during the year (each are given $10.00) + money is sent to families in Israel + $150 given to a few families during Pesach	Tzedakah funds	Many walk-ins are referred to the Ark now that it is on Devon.
NILES TOWNSHIP JEWISH CONGREGATION	$5.00 - $10.00	Very few	Petty Cash Administered by Executive Director or by Rabbi	Money given to both Jews and non-Jews for food, clothing, special crises. Assistance is mainly given to congregants via reduction of dues - Financial Secretary makes decision

AREA/NEIGHBORHOOD	AMOUNT OF MONEY PROVIDED	ESTIMATED NUMBER OF PEOPLE SERVED	SOURCE OF FUNDS	COMMENTS
NORTH SUBURBAN				
NORTH SHORE CONGREGATION ISRAEL	$7,150	Less than 6 families	Rabbi's Discretionary Fund, Rabbi's Fund and Fund for Needy which grew out of a fund to support a Vietnamese family	Recipients of these funds are widows and/or those in need of medical care; 1 family for school tuition ($4,000) 2 families with a variety of needs
NORTH SUBURBAN SYNAGOGUE BETH EL	$2,000	6-10 Families	Rabbis Discretionary Fund	Congregants are the recipients as opposed to walk-ins, there has been no noticeable increase over the year.
BETH SHOLOM, NORTHBROOK	$30 - $50.00	1 elderly man walks in - 3 times yearly	Tzedakah	$10.00 - $15.00 is given out each time
NORTHWEST SUBURBS				
MAINE TOWNSHIP, DES PLAINES	$48.00	13 families and a fews individuals	Special Emergency Fund, Purim Fund - all from contributions and Pushke	$150.00 a month, every month, given to a family from The ARK; $1,000 during Purim for food and cash assistance; i.e. mortgage payments, electric and phone bills. All recipients are Jewish. There is a marked increase in requests.
SOUTH SIDE				
KAM ISAIAH ISRAEL	$8,000 + donated canned food	2,300	Synagogue budget	$800 is spent on administrative costs to operate the food pantry which is in its second year of operation.
RODFEI ZEDEK	$25.00	No estimate	Annual Passover collection and Collection Box in lobby; Rabbi's Discretionary Fund	Synagogue joined with group of Hyde Park Churches and Synagogues for a pantry which provides food and clothing. Money is given to the ARK.
SOUTHWEST SUBURBS				
TEMPLE B'NAI ISRAEL, AURORA	$100.00	4 - 5	Transient Fund	If there is a need, the fund could be increased; but there has been no increase in requests.

TARGET POPULATION: ELDERLY

INTRODUCTORY STATEMENTS

- Services to the elderly, because they often involve long term commitments and high costs, point to the need for an inter-agency case management system, including the capacity for sharing of client data.

- Family responsibility, as an accepted Jewish communal policy, must be more clearly defined and implemented.

- Low cost housing, protective services, health care, group and individual feeding programs, food and pharmaceutical cooperative purchasing programs, and supplemental cash/rent assistance programs are essential programmatic elements whose availability must be expanded in order to prevent the need for costly and unnecessary institutionalization.

- Temporary and emergency housing, often serving as respite care, can provide the means for maintaining the elderly within their family home. This is especially true due to the frequent number of emergencies and the need among such families for vacations and relief from the responsibility for caring for an elderly member.

- Improvement of the quality of life for those sustained by public programs is an area requiring strenuous advocacy efforts because of the large number of elderly in the Jewish community now and in the future who are dependent upon those resources.

TARGET POPULATION: HANDICAPPED CHILDREN AND ADULTS

INTRODUCTORY STATEMENTS

- There is a need for increased utilization of volunteers with the handicapped.

- Federation should conduct an assessment of the extent to which substance abusing individuals or their families are presently being served by Federation agencies.

- A more comprehensive program for substance users and abusers must be developed immediately and should be directed specifically at junior and senior high school youth, with special emphasis on prevention.

- Services to the handicapped must be understood as necessary for all handicapped persons irrespective of economic capacity. It is true, however, that a large majority of persons with handicapped family members tend to become economically disadvantaged as a result of the existence of a continuing handicapping condition.

- Summer camp programs serve a very special need in the lives of the handicapped and their families. Resident and day long programs provide critical opportunities for socialization and a respite for family members. Federation agencies should make every effort to provide services.

TARGET POPULATION: FAMILIES WITH CHILDREN

JEWISH FEDERATION OF METROPOLITAN CHICAGO
MATRIX FOR ANALYSIS OF SERVICES TO THE ECONOMICALLY DISADVANTAGED

INTENSITY OF DISADVANTAGED CONDITION	KEY CHARACTERISTICS	DESCRIPTION OF SERVICES NOW AVAILABLE* (IN ORDER OF RELATIVE IMPORTANCE)	POLICY ISSUES	SERVICE DELIVERY STRATEGIES AND RECOMMENDATIONS (IN ORDER OF IMPLEMENTATION TIME REQUIRED**)
CHRONIC	Fixed, Low Income ($6,700) No Resources No available extended family Inadequate Diet May be single parent families High risk for neglect and abuse of children Family violence Family disorganization Poor school functioning	• Preventive Services • Homemaker, Home Health Aid • Assessment • Nutrition/Food • Medical and Dental Care including prenatal and pediatric. • Cash Assistance • Transportation • Clothing & Furniture • Guardianship, Legal Services • Social Services - Counseling • Residential Care of Children, Foster Care, Group Home Care • Family Life Education • Camping Services • Day Care (Therapeutic, Family Day Care) • Financial Counseling, i.e., home economics • Vocational Counseling • Adoption • Advocacy (both individual cases and family issues) • Therapeutic & Religious Day Schools	• How much responsibility does the Jewish community assume for the ongoing prevention of emotional and physical harm to family members? • Should the Jewish community only serve the CHRONIC economically disadvantaged family with children having the rehabilitative potential to reach, at least, the PERIODIC economically disadvantaged level? The need to establish criteria related to life cycle tasks which would give evidence of such potential.	s • Closer work with schools and medical resources s • Ensure access to public assistance s • Increased training of staff in crisis intervention and assessment of family potential i • Need for outreach - home visits i • Coordination of service plans i • Training and vocational counseling for adults and adolescents i • Increase of provisions of concrete service as a means of relating to emotional and economic disadvantage i • Education of family to use communal services i • Availability of crisis intervention and emergency services i • Expansion of Homemaker Services as Respite Care l • Low cost family housing
PERIODIC	Family/extended family resources not consistently available Inability to consistently manage own resources Inconsistent employment Life Cycle component may be present	Same as above	• What should the use of savings and resources be, including involvement of family members and friends? • Should the Jewish community establish criteria for the continuance and discontinuance of direct and/or indirect services? Should economic self-sufficiency and integration with the Jewish community be the criteria?	s • Education in home economics for families and staff s • Increased provisions for loans, low rates for temporary support i • Need for flexible day care services, i.e. Foster Grand-Parents i • Better outreach and identification of periodic need i • Support groups of indigenous volunteers i • Availability of temporary services, e.g. emergency shelter l • Low cost family housing l • Creation of business or jobs to help families improve standard of living

* All services may be used for any group as necessary.

** Code - Time Required to Implement
s = Short term (6-12 months)
i = Intermediate term (1-2 years)
l = Long term (2-4 years)

TARGET POPULATION: ELDERLY

JEWISH FEDERATION OF METROPOLITAN CHICAGO
MATRIX FOR ANALYSIS OF SERVICES TO THE ECONOMICALLY DISADVANTAGED

INTENSITY OF DISADVANTAGED CONDITION	KEY CHARACTERISTICS	DESCRIPTION OF SERVICES NOW AVAILABLE* (IN ORDER OF RELATIVE IMPORTANCE)	POLICY ISSUES	SERVICE DELIVERY STRATEGIES & RECOMMENDATIONS (IN ORDER OF IMPLEMENTATION TIME REQUIRED**)
CHRONIC	Fixed, Low Income ($6,700) No Family No Recourses	• Assessment • Housing/Emergency Shelter/Rent Supplementation • Nutrition/Food • Long-term Residential Care • Medical Care • Cash Assistance • Transportation • Clothing • Advocacy • Guardianship/Legal Services • Social Services (Counseling, Day Care, Socialization Services)	• Primary responsibility of community for meeting needs • Protective services • Long-term, costly services required • Ability to affect underlying causative factors • Remediation for a segment of this population • Need to identify greater number/outreach to elderly in chronic E.D. state • Need to share information about clients using/requiring multiple agency services	s • Increase outreach and create better system for identifying idividual's in need s • Ensure access to public assistance and other public programs s • Protect individual's right of self-determination, right to make choices s • Provide potential users with better information about the range of services i • Advocate for Jewish community supplementation of public aid clients with cash up to State standard of need i • Work to increase public dollars and resources i • Increase availability of low-cost housing and housing alternatives i • Develop temporary and emergency housing i • Develop better system of protective services and guardianship program within the Jewish community i • Develop program to enhance life of public aid recipients in proprietary nursing homes i • Develop low-cost pharmaceutical programs i • Expand emergency food and feeding programs
PERIODIC	Family/extended family resources not consistently available Inability to consistently manage own resources	• Social Services (Assessment/Counseling) • Loans or Cash Assistance • Pharmaceuticals • Employment • Protective Services (Guardianship/Conservatorship/Power of Attorney) • Medical Care/Psychiatric Care	• Responsibility of family • Ability to ameliorate underlying causation • Need for subsidized housing • Availability of affordable medical care • Need for communal policy regarding provision of emergency cash assistance	
ACUTE	No resources available to meet sudden and traumatic changes	• Social Services (Assessment, Information and Referral) • Emergency Housing • Cash Assistance/Loans • Homemaker/Household Help	• Type of Emergency Intervention Necessary (Emergency Shelter, Access to 24 hour services/Emergency Team) • Scope of services requireo • Family responsibility	
MARGINAL/ SITUATIONAL	Minimal resources Limited supplementation required	• Subsidized Housing • Medical Care • Nutrition • Energy/Utilities Assistance • Telecare/Lifeline • Household Help/Homemaker	• Supplementation to enhance quality of life • Need for fee policy which takes into account limited resources • Criteria/Process for scholarships and supplements • Family responsibility • Need for a primary prevention system	

* All services may be used for any group as necessary.

** Code - Estimated Time Requried to Implement
s = Short term (6-12 months)
= Intermediate term (1-2 years)
l - Long term (2-4 years)

TARGET POPULATION: HANDICAPPED*,
ADULTS & CHILDREN

JEWISH FEDERATION OF METROPOLITAN CHICAGO

MATRIX FOR ANALYSIS OF SERVICES TO THE ECONOMICALLY DISADVANTAGED

INTENSITY OF DISADVANTAGED CONDITIONS	KEY CHARACTERISTICS	DESCRIPTION OF SERVICES NOW AVAILABLE** (IN ORDER OF RELATIVE IMPORTANCE)	POLICY ISSUES	SERVICE DELIVERY STATEGIES & RECOMMENDATIONS (IN ORDER OF IMPLEMENTATION TIME REQUIRED***)
CHRONIC	Fixed, Low Income ($6,700) No Family No Resources	• Medical Care (In Patient/Out Patient/Rehab) (Schwab, Segal Institute, Freund) • Mental Health Care (Michael Reese Hospital and Medical Center Psychiatric & Psychosomatic Institute) • Referrals to other Agencies • Vocational Rehabilitation (Assessment, Sheltered Workshop, Adult Work Habilitation) • Skills Training • Job Placement • Housing for Mentally Ill (JCB) • Socialization Services for Mentally Retarded • Emergency Cash Assistance • Assessment • Counseling • Respite at Pritzker • Education (P'Tach) • Synagogue for Deaf • Chaplaincy	• Need for Strategy of Service for all Handicapped Jews • Responsibility of the organized Jewish community to support communal ties of families with handicapped members • Communal responsibility for Services to Jewish Veterans • Relationship of the Jewish community to existing / facilities/programs/self-help groups	s • Needs/Service Analysis s • Referrals (wheelchairs, etc.) s • Need for Advocacy Services/Legal/Political Action/Counseling/Guardianship s • Need for Genetic Counseling s • Develop Case Management System s • Socialization Services s • Conduct review of communal facilities to asses extent of architectual barriers s • Offer training in sign language for agency staff s • Provide TTY for JUF phonathons s/l • Expand Respite Care (Analysis of available beds) s/l • Transportation Needs - Expand present service i • Psychosocial Rehabilitations Services i • Create network of Jewish leaders of handicapped services i • Articulate Jewish component of services to handicapped Jews, including religious services i • Establish Council to develop communal strategy l • More Group Homes l • Need for community living facilities (Boarding House) l • Independent living facilities
PERIODIC	Family/Extended Family resources not consistently available Inability to consistently manage own resources	• Medical/Psychiatric Services • Retraining in Skills • Job Placement • Counseling • Socialization Services • Emergency Cash Assistance • Pastoral Counseling	• Response of the Jewish community to diminishing public support for specialized services • Type of Emergency Intervention necessary (Emergency Shelter, Access to 24 hour services/Emergency Team) and Respite Care Facilities	

* Handicapped = Mental, Physical, Substance Abuse, Developmental Disability.

** All services may be used for any group as necessary.

*** Code - Estimated Time Required to Implement
s = Short term (6-12 months)
i = Intermediate term (1-2 years)
l = Longer term (2-4 years)

TARGET POPULATION: HANDICAPPED*
Adults & Children

JEWISH FEDERATION OF METROPOLITAN CHICAGO

MATRIX FOR ANALYSIS OF SERVICES TO THE ECONOMICALLY DISADVANTED

INTENSITY OF DISADVANTAGED CONDITIONS	KEY CHARACTERISTICS	DESCRIPTION OF SERVICES NOW AVAILABLE** (IN ORDER OF RELATIVE IMPORTANCE)	POLICY ISSUES	SERVICE DELIVERY STRATEGIES & RECOMMENDATIONS (IN ORDER OF IMPLEMENTATION TIME REQUIRED***)
ACUTE	No resources available to meet sudden and traumatic changes	° Assessment ° Referral ° Medical Services ° Counseling ° Cash Assistance ° Job Placement ° Homemaker Services		s ° Need for an Emergency Referral Service (24 hours a day) s ° The need for crisis intervention training of Rabbis and other Jewish professionals i ° Emergency Day Care (children & adults)
MARGINAL/ SITUATIONAL	Minimal resources Limited supplementation required	Same as Above	° Need for Education/Training for Marginally Retarded and Physically Marginal	

* Handicapped = Mental, Physical, Substance Abuse, Developmental Disability.
** All services may be used for any group as necessary.

*** Code - Estimated Time Required to Implement
s = Short term (6-12 months)
i = Intermediate term (1-2 years)
l = Long term (2-4 years)

TARGET POPULATION: ADULTS (NON-HANDICAPPED)

INTRODUCTORY STATEMENTS

- Identification of individuals requiring service is a particularly complicated, but vital task because many in this group are isolated, have distanced themselves from family members, or have been functionally deserted.

- Emergency services, around the clock and seven days a week, are a particular necessity for this group.

- Case management and life planning are essential if the need for emergency services is to be reduced or eliminated.

- In may instances redevelopment of family ties and stability will result only from an intensive and sometimes long term investment on the part of the Jewish community.

The two final components of the analysis of needs and services consisted of a survey of the case loads of Jewish Federation agencies aimed at those clients determined to be economically disadvantaged and a series of interviews with agency personnel whose caseloads contained a concentration of such clients.

The purpose of these efforts were:

- to develop a profile of economically disadvantaged clients currently being served.
- to assess what service needs of these clients are currently being met.
- to identify inter-agency services being provided to the same clients.

METHODOLOGY

I. Identification of economically disadvantaged clients currently being served.

   A. Each agency was asked to identify in their current, open case load, those cases matching the United Way economically disadvantaged definition.

For each case, the worker filled out a Case Profile (forms were provided) including the age, sex, household size, presenting problems, or current problem area, frequency of service, financial or other in-kind concrete assistance provided, income (if known), and modified identifying information.

1. In order to maintain client confidentiality, yet permit inter-agency matching of clients being served, the following method of identifying cases was used:

    a. For each family or individual, the first three letters of first and last names are noted, and the first three letters of street address and last numeral of street address.

    Example: Sandra and Paul Cohen 233 W. Pratt
    Codes as:
    SAN - PAU COH PRA3

    b. These codes were matched by computer and an estimate derived of multi-agency service usage. More detailed information was gathered for those clients served by two or more agencies.

WORKER INTERVIEWS

A. Using interviewers, a sample of those workers in most contact with the economically disadvantaged were chosen. "In most contact" was defined as either percent of case load or absolute number of cases.

B. Interviews were held with small groups of workers. Issues covered in these interviews included:

   1. Classification of economically disadvantaged case load into categories of chronic, periodic, acute, or marginal/situational target groups.

   2. Patterns of service usage of these clients.

   3. Service issues and needs seen by workers as most important.

   4. Community resources used by these clients.

   5. Special family and individual characteristics of the clients.

ANALYSIS

I. The estimates of economically disadvantaged persons served by Jewish Federation agencies will be compared to the revised population estimates of economically disadvantaged in the Chicago metropolitan area.

II. The case profile identification forms completed by workers provided basic demographic information about economically disadvantaged clients currently served, and may also be compared to information available in the Chicago Jewish Population Study.

III. The in-depth interviews with workers provided a clearer picture of service needs of these clients.

IV. Matching the modified identifying information allowed us to estimate the extent to which economically disadvantaged clients use or over utilize services and financial assistance available from Jewish Federation agencies.

SUMMARY REPORT AND ANALYSIS:

WORKERS' PERCEPTIONS OF AGENCY SERVICES PROVIDED TO ECONOMICALLY DISADVANTAGED CLIENTS

The study explored agency workers' perceptions of service provided to economically disadvantaged clients by constituent agencies of the Jewish Federation of Metropolitan Chicago. It also sought to identify gaps in service to these clients. Staff members at the following agencies were interviewed to obtain their views: Council for Jewish Elderly, The ARK, Jewish Children's Bureau, Jewish Community Centers, Jewish Vocational Service, Jewish Family and Community Service and Michael Reese Hospital and Medical Center.

An administrator from each agency chose three to six workers to participate in the interviews. The workers included a community aid, a nurse, caseworkers, group workers, department directors, other supervisors, and a Center director. Their selection was based on their experience in dealing with economically disadvantaged clientele. Their length of employment ranged from a little more than a year to approximately 40 years.

The interviews were conducted in groups according to agency affiliation. The primary interviewer was a staff member of a Federation agency other than the one being interviewed at the time. Also present was a Federation researcher who was primarily an observer and a graduate student who observed and recorded the sessions. To guarantee the quality and accuracy of the analysis, the sessions were tape recorded.

The interviewers were given both verbal and written instructions on how to conduct the interviews. Prior to the interview, the workers received a letter of introduction to the study and open-ended questions to be discussed during the sessions (See the Appendix for copies of these materials). The interviewer's responsibility was to guide the discussion to make sure that all the questions were addressed. The sessions were scheduled to last two hours each.

MAJOR ISSUES

I. Definition of Economic Disadvantage

Most workers felt that the United Way definition of economic disadvantage* was unrealistic. These criteria do not take into account individual circumstances such as the costs involved in maintaining a traditional Jewish lifestyle or the effects of sudden economic deprivation such as loss of a job or loss of a spouse who provides primary financial support to the family.

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* United Way criteria for economic disadvantage are an income of less than $6,700 for a single person and less than $12,300 for a family of four.

II. Determination of Eligibility

The workers felt that they and their agencies had flexible guidelines for determining eligibility for services. This flexibility provided opportunity to individually consider each situation. Many workers did, however, have clients whose income fell substantially below the United Way criteria.

III. Categories of Clients

The types of clients being seen by most of the agencies can be categorized into two groups. One is the "new poor" who are suddenly disadvantaged. There has been a significant increase in caseload for this category, especially at JVS and JFCS. Several issues arise when dealing with this group. The workers must determine if the situation is long term or short term and what type of intervention is most appropriate. This is especially pertinent when working with clients who have lost jobs. The adjustment of these clients becomes crucial because many of them have high expectations for themselves and never anticipated being economically disadvantaged. Also included in this category would be the elderly who have become economically disadvantaged because of serious medical problems. The ARK and CJE are seeing quite a few of these clients.

TARGET POPULATION: ADULT - NON-HANDICAPPED
Single (including Widows & Widowers,
Empty Nestor, Bag People, Dependent Adults)

JEWISH FEDERATION OF METROPOLITAN CHICAGO

MATRIX FOR ANALYSIS OF SERVICES TO THE ECONOMICALLY DISADVANTAGED

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CHRONIC	Fixed, Low Income ($6,700) No Family No Resources	• Cash Assistance • Socialization • Food Pantry • Emergency Shelter • Clothing & Furniture • Medical Care	• Primary responsibility to identify individuals • Scope of Service: Primary or Gap filling • Sharing of information Among Agencies - Identification - Coordination of Services • Reduce need for Emergency Care	s • Outreach/case-finding s • Assistance to Public Housing and Public Entitlements s • Coordinating delivery of emergency care services; e.g. single case manager, provision of services by one agnecy, etc. i • Establish Emergency Sehlter i • Nutrition Site for non-elderly
PERIODIC	Family/extended family resources not consistently available Inability to consistently manage own resources	• Medical Care • Clothing & Furniture • Holiday Food Packages • Cash Assistance • Money Management & Counseling • Vocational Training	• Family Responsibility • Ameliorate Problem • Scope of Service	s • Determining legal responsibility of family s • Time limited support s • Assessment s • Vocational counseling (where appropriate)
ACUTE	No resources available to meet sudden and traumatic changes	• Cash Assistance and/or Loans • Job Retraining & Placement • Legal Service (Eviction) • Counseling • Food Pantry • Homemaker Services • Clothing & Furniture • Midlife Services	• Responsibility of Family • Restoration to Self-Sufficiency vs. Chronic Disadvantage • Cash Assistance - Loan vs. Gift • Cash Assistance Services to restore to level of prior living vs. meeting of basic human needs	s • Vocational counseling and job placement s • Time limited support s • Crisis intervention s • Assessment of priorities s • Short-term loan program

* All services may be used for any group as necessary

** Code - Estimated Time Required to implement
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The other category of clients is the "already disadvantaged" group. They are facing a disintegration of their existing support systems by the reduction or loss of benefits. This is seen most clearly in the JVS "rehab" group who face uncertain futures in the job market even with training, and who face cutbacks in the public social welfare system. The ARK and JFCS workers highlighted the difficulties welfare recipients have trying to "make it" on their current benefits.

The common bond between the two categories is the high level of distress experienced by both. At times this manifests itself in mental or physical illnesses which only compound the problems. The workers also feel frustration at often being helpless to alleviate the suffering.

IV. Differing Social Work Roles

A major area of disagreement among the workers was expressed in their different ways of perceiving their social work role and their respective agency's role. The JCC workers did not think they were perceived by the community as a source of financial support. The JFCS and Michael Reese workers did not see poverty as always being the primary issue for their economically disadvantaged clients and usually focused on other areas of the client's entire psycho-social picture to determine the areas of intervention appropriate for their agency/institution. The ARK, CJE and JVS did view poverty as being the primary issue with most of their economically disadvantaged clients although the JVS workers indicated that they are spending a great deal of time addressing psycho-social disabilities rooted in or related to economic stress.

Some JCC workers felt that The ARK duplicates their services for the elderly. They felt that The ARK should not be offering socialization programs, since that is the JCC's area of expertise. They also raised the issue of The ARK providing similar programs at no charge, thus drawing participants away from JCC programming.

V. Advocacy

The consensus among the workers is that advocacy for their clients has become an increasingly necessary role for them, given the current economic situation. They did receive some basic information when they began their jobs, but they feel unable to keep up with the constantly changing resources, laws and regulations. They felt there was a need for in-service training in understanding public aid changes and Federation agency operations.

VI. Service Accessibility

Major problems exist in obtaining services from the public agencies. Two problem areas were noted within the Jewish community. The ARK workers felt the assessment fees of CJE were a barrier to obtaining needed services. The Michael Reese workers complain that JFCS evaluation procedures hamper their ability to provide service and felt that services were sometimes easier to obtain from non-Jewish agencies. Other areas that cause problems of accessibility are the confidentiality laws that prohibit staff from various agencies from discussing mutual client cases, long waiting lists for services from such agencies as the Mayor's Office of Senior Citizens and Handicapped; Public Aid red tape, the daily changes in their regulations and eligibility requirements; and language barriers for Russian and Yiddish speaking clients referred for mainly medical purposes to non-Jewish agencies.

VII. Neglected Clients

The workers spoke of several types of clients who "fall between the cracks" within their own agencies, the Jewish community, and the general community.

CJE caseworkers noted that certain clients cannot be included in their formal caseloads because of the fee schedule. They are either "bag people" or individuals who are psychologically or emotionally impaired and are incapable of spending their money. The CJE workers do advocate for these individuals within their own agency and sometimes serve them through the outreach program in the neighborhood service centers.

The JCB workers indicated that there are no services for graduates of the agency's program who are not ready to be living independently or, because of mental disabilities, may never be able to live independently. There are also mentally retarded adults who need Jewish sheltered care. In addition, there are former JCB and JVS clients who financially cannot live independently.

Another group of neglected clients are the illegal immigrants from Poland, Romania, Israel and Russia who arrive via Israel. The Jewish agencies, including HIAS, refuse to assist them because there is no funding and there is pressure to not encourage Israelis to come to the U.S. They have usually come on visitors visas which then expire. Since they are here illegally, they cannot receive assistance from Public Aid or Social Security. The workers speculate that Iranian students will also be facing expiration of their visas and will not have any financial resources. Russians who were resettled in another city and move to Chicago also have problems somewhat similar to those of illegal immigrants since they are not given resettlement services for a second time.

One worker also felt that the Jewish community should further assist Russian Jews who are here legally but have surpassed their 18 month eligibility period for public cash assistance. They are not working and receive General Assistance from public aid. The worker felt that this amount is not enough to live on and commented that the Jewish community promised to "Save Soviet Jewry", only to have them "die in the streets in the U.S."

There are clients who do not fit into the public welfare system. Some are in need but do not qualify for assistance because their income or assets are above the eligibility levels. The Jewish agencies try to assist them since they view themselves as the client's last resort. Others are caught in a "Catch 22" since they have no funds to obtain a residence and public aid will not give assistance without a permanent address. The "bag people" are another group who do not receive services from the public welfare agencies. They are often mentally ill and cannot conform to the system by following through with Public Aid or SSI application procedures.

VIII. Interagency Cooperation

The workers felt that there was a lack of communication among Federation agencies. At times, some also felt inhibited in utilizing other agencies' services.

IX. Service Gaps

The following are services that the workers felt were needed within the Jewish community:

1) HOUSING

a. Sheltered housing for mentally ill and mentally retarded.

b. Emergency housing

c. Low rent or subsidized housing for JCB graduates who are just starting out, Social Security recipients and Public Aid recipients (non-elderly).

d. Transitional housing for JCB graduates who are not ready for independent living.

2) NUTRITION SITES FOR NON-ELDERLY AND HANDICAPPED

3) DAY CARE

4) TRANSPORTATION

5) VISITS TO JEWISH RESIDENTS OF NURSING HOMES

6) IN-HOME HELP - homemakers, home visiting and shopping for elderly and handicapped.

7) MEDICAL AND DENTAL CARE - for JCB clients and former clients.

8) MEDICAL INSURANCE - for working poor, the jobless, and the elderly.

SUMMARY REPORT AND ANALYSIS

CLIENT UTILIZATION OF MULTIPLE AGENCY SERVICES

As part of the Planning Project on Services to the Economically Disadvantaged, the Professional Review Committee examined the pattern of agency service utilization of economically disadvantaged clients who sought out and received services from more than one Jewish communal agency. This study was intended to examine whether the services these clients receive were complementary and whether the agencies were providing them efficiently.

In order to address these issues, six Federation agencies, including The ARK, Council for Jewish Elderly, Jewish Children's Bureau, Jewish Community Centers, Jewish Family & Community Service and Jewish Vocational Service, were asked to provide a list of clients who received services during the last half of 1982 and the first two months of 1983. In order to insure confidentiality, each agency coded their clients' identity on the basis of seven characteristics that could be easily matched by computer but could not be used to identify individuals except by agency staff who had direct access to case records.*

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* Each individual was coded according to the following characteristics:

1. The first three letters of the last name.
2. The first three letters of the male individual or husband's first name.
3. The first three letters of the female individual or wife's first name.
4. The first digit in the street number.
5. The first three letters of the street name.
6. The number of persons in the household.
7. Marital status.

A total of 140 individuals were identified as receiving services either from more than one agency or from several departments within one agency. These cases were found in spite of two major limitations in the sampling procedure: the samples received from the various agencies were significantly different with respect to size and the time frame from which they were selected. For example, one agency submitted information on 120 cases while another submitted information on approximately 2,000 cases. With respect to time frame, one agency provided information for all case files that were active from July, 1982 to February, 1983, while another submitted information only on those cases that had gone through their intake procedures during the last four months of 1982.

Of the 140 individuals identified as multiple service users, 59 were receiving services from CJE and JCC, 13 from JFCS and JCC, seven from The ARK and JVS, six from JFCS and CJE, and one from JCB and JFCS. In addition, 53 were receiving more than one service from CJE and one was receiving services from more than one office of JFCS.

For each person who was found to be receiving multiple services, the agencies were asked to give a brief description of the services they were providing. These were compared on a case-by-case basis and it was found that for every case the services were not duplicated. For example, 28 individuals were participating in socialization programs at the JCC while receiving assistance in house cleaning from CJE. Another pattern was represented by the seven individuals who were attending socialization programs at JCC while receiving individual or family counseling from JFCS. Other clients receiving complementary services included those who were housed by CJE and were being counseled by JFCS, an individual who was receiving job placement and counseling from Jewish Vocational Service while receiving provisions from The ARK's food pantry, and an individual who was receiving job placement and rehabilitation counseling from JVS while having been referred by JFCS to The ARK for assistance with a Public Aid appeal.

Two primary observations resulted from our review of these case histories. The first is that clients who seek out services from several different agencies succeed in acquiring a mix of services that complement and supplement each other. Thus, it appears that these clients are making relatively effective use of the agencies from which they seek assistance. The second observation is that the agencies are providing individual clients with unduplicated services. There would appear to be evidence that even in the absence of a centrally coordinated inter-agency case management mechanism for planning services for individuals, the agencies are making efficient use of their program resources for the clients whose cases were reviewed in this exploratory study.

There is one major caveat to the relatively positive picture presented here. On one hand, there is no evidence that agency resources are being wasted due to duplication of services and/or intentional misuse by clients. Quite the opposite, those services that individual clients do receive from individual agencies complement the services they receive from other agencies. On the other hand, however, there is no mechanism to guarantee that individual clients receive all the services to which they are entitled and from which they can benefit. A more centralized case management approach to providing services could potentially go a long way toward increasing an clients' access to all the resources of the different agencies, especially for those clients who are the most vulnerable.

Because of the inconsistencies in the time frames from which individual agencies sampled their client population, the total number of individuals identified as using multiple agency services was relatively low. It is projected that the actual number of clients receiving services from more than one agency or department during the period of time covered by this study is larger than the numbers reflected in this report. However, given the consistently complementary nature of the services provided to the individuals identified, there appears to be strong evidence that the "system" as a whole is making relatively efficient use of its resources.

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(19) Gertrude Wilson, "THE EFFECT OF SOCIAL CLIMATE ON JEWISH CENTER PRACTICE," *Jewish Social Service Quarterly*, 1951, p. 302.

APPENDIX 1

Jewish Federation
of Metropolitan Chicago
One South Franklin Street • Chicago, Ill. 60606 • Telephone, Financial 6-6700

A Beneficiary of the Jewish United Fund
of Metropolitan Chicago

February 17, 1983

TO:

FROM:

Since September, the Executive Directors of Federation agencies and their associates have been meeting with Federation staff to review services provided to economically disadvantaged Jews. United Way criteria has been used to determine economic disadvantage, which means that we are talking about individuals with an income of $6,700 per year, or less, and families of four with an income of $12,500 or less. In addition, there is concern with a segment of the Jewish community, consisting mainly of young Jewish familes with incomes of between $10,000 - $20,000 per year. The analysis has been focused on four populations, the elderly, families with children, individual adults, and handicapped children and adults. Each population has been examined in terms of intensity of disadvantage such as chronic, periodic, acture or marginal, depending on the degree of resources available. In the near future, recommendations for services to these populations will be developed into options packages and a budget for each package will be developed.

We would like to have input of agency workers in this Federation planning process. Our purpose is to explore in greater detail the ways in which economically disadvantaged clients or members use your agency services, and to discuss service gaps you are aware of. Your agency has suggested your name as someone who has had experience providing service to this group.

I would like to invite you to participate in a two-hour group interview to discuss your experiences with these clients. The exact time and date of the interview will be arranged shortly. Enclosed is a list of questions we would like to discuss at the interview.

I look forward to your participation in this planning process. If you have any questions, please call me at 444-2086.

BHM/rs

Enclosure

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APPENDIX 2

GROUP INTERVIEWS WITH WORKERS

FEBRUARY/MARCH

Methodology

1. Ask agency Administrators to select up to five workers and/or Supervisors who have had experience with E.D. cases.

2. Arrange a two-hour group interview per agency. To be recorded.

3. Prior to the interviews, workers will receive a list of questions to be discussed.

4. After interviews, data will be transcribed and analyzed by agency and by theme across agencies.

APPENDIX 3

DISCUSSION QUESTIONS FOR GROUP INTERVIEWS

Purpose: to explore patterns of service use by economically disadvantaged clients, and to determine gaps in service to those clients.

We are interested in your experiences with these clients and your opinions about ways they may be served effectively by the Jewish community and its agencies. Some of these questions may not apply to your agency, but try and think about the ones that are relevant. Thank you.

1. United Way defines a single person household with income of $6,700, and a family of four with income of $12,300 as economically disadvantaged. What is your perception of economically disadvantaged families?

   a) What proportion of your case load is probably economically disadvantaged?

   b) In what proportion of your case load are poverty or economic issues the primary problem?

   c) In what proportion of your case load are poverty or economic issues tied in with other problems, e.g., emotional, medical, vocational, etc?

   d) Are there significant differences between your economically disadvantaged cases and your other clients, e.g., focus on counseling, degree of resistance to service, need for more outreach, use of concrete services?

   e) Are there any differences between Jewish and non-Jewish economically disadvantaged clients?

   f) What are your major sources of satisfaction or frustration in working with the economically disadvantaged?

2. What community resources are used by your economically disadvantaged clients?

   a) Do you frequently become involved as an advocate or "broker" for these clients?

   b) What problems in access to community resources do you find?

c) Is each worker at your agency expected to act as an advocate for clients or is there an assigned worker for this?

d) Do you think you have sufficient knowledge or experience to act as an advocate or broker for your economically disadvantaged clients?

3. Please identify major gaps in service available to the economically disadvantaged.

   a) What gaps do you see at your agency?

   b) What gaps do you see in the Jewish communal service network?

   c) What gaps do you see in the community at large?

   d) What proportion of your clients fall between the cracks?

   3) Do these gaps apply to all your clients or just the economically disadvantaged?

4. Are you able to meet the needs of economically disadvantaged clients in your current agency program?

   a) What ways could services be enhanced to meet needs better?

5. Given a continuation of services for the economically disadvantaged ranging from financial assistance, in-kind services, counseling, advocacy;

   a) Where do you think the Federation and agency emphasis should be placed?

   b) Should the provision of services be income based?

   c) Should assets be included in determination of income?

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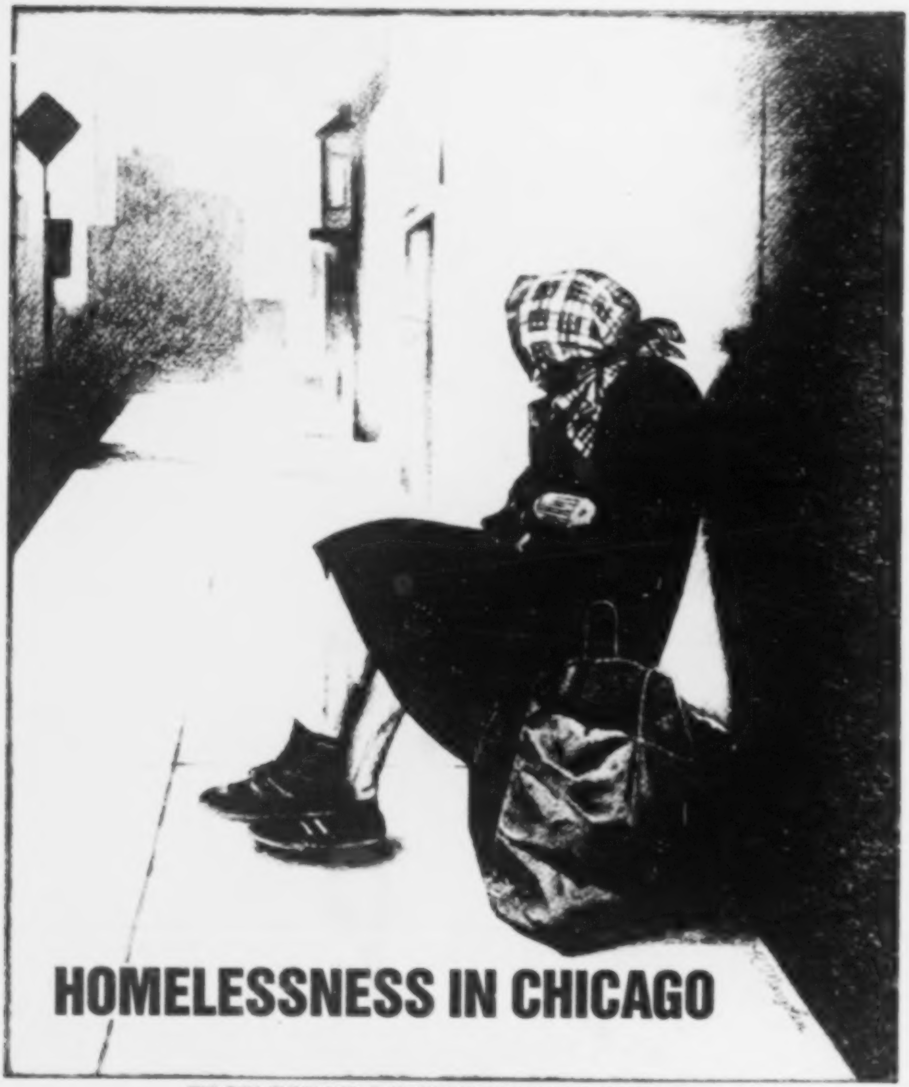

HOMELESSNESS IN CHICAGO

TASK FORCE ON EMERGENCY SHELTER
OCTOBER, 1983

HOMELESSNESS IN CHICAGO

TASK FORCE ON EMERGENCY SHELTER

in cooperation with the

SOCIAL SERVICES TASK FORCE / DEPARTMENT OF HUMAN SERVICES
CITY OF CHICAGO

October, 1983

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I. EXECUTIVE SUMMARY

INTRODUCTION

The report, Homelessness in Chicago, reflects the work of the Task Force on Emergency Shelter, organized in June, 1983, to identify issues, to develop a strategy and a plan for the winter of 1983-84 as a collaborative effort by the City, State, and the Voluntary Section. Immediately following this summary the reader will find a listing of major issues, and the recommendations of the Task Force.

Its central premise is that shelters are an emergency response to complex problems requiring long-term solutions. Shelter services ought not become the long-term solution.

The Task Force also believes that the public sector should generate the resources necessary for the voluntary sector to provide shelter services.

For the first time a comprehensive report is available which includes:

- The results of the first pilot ethnographic study of Chicago's Homeless since the depression, conducted by the Coalition for the Homeless, and the Chicago Law Enforcement Study Group which presents perceptions of the homeless about their experiences.

- A definition of "Homelessness," along with an analysis of existing shelters.

- Problems of the homeless which include immediate needs, plus long range problems of unemployment, low-cost housing, etc., are articulated.

- Data regarding resources presently available, such as existing shelters, funding, and potential shelter sites.

- Standards for the operation of emergency shelters and building and zoning proposals.

- Responsibilities of the City, State, communities and the voluntary sector are discussed.

- Characteristics of the Homeless population in 13 cities, a one-month survey conducted by the Chicago Police Department, an analysis of shelter services provided by the Office for Senior Citizens; the preliminary results of a survey of homeless youth.

- Different types of shelter models are presented.

- Recommendations for action. An extensive Appendix contains detailed information on many of the areas identified above.

FINDINGS

A. THE PROBLEM

- Estimates of the homeless population in Chicago vary from 12,000 to 25,000. The lack of visibility and mobility of this population make it difficult to establish an accurate census. This estimate includes all classifications of homeless such as alcoholics, drug abusers, the mentally ill, etc.

- The homeless population in Chicago has increased significantly and become more visible during the past year due to: a) an unemployment rate of 11.6% (348,588 persons); b) an increase in the deinstitutionalization of mental patients and ex-offenders; c) a gap between the General Assistance grant of $144/month and the minimal substance standard of $286/month as of January 1, 1984 -- that is a grant 50% less than the minimum required for the 130,000 persons receiving General Assistance in Chicago; d) demolition of 3,000 single room occupancy (SRO) units in the City in the past two years.

- Increasing needs of homeless population and growth of problems are reflected by: a) 10 shelters reported turning away 6,000 persons in April, 1983; b) 100 bed shelter (Sousa) opened in February, 1983, is fully occupied nightly -- and served 10,998 persons the first three months; c) police housed 181 indigent persons due to lack of community resources, July - August, 1983; d) 61,766 nights of shelter have been added since June, 1983 through additional Federal funds (FEMA).

- The Department of Human Services provided voucher payment for emergency shelter for 2,122 persons in 1982 and 3,715 persons thus far in 1983 -- an increase of 75.1%.

B. EMERGENCY SHELTERS IN CHICAGO

- There are approximately 30 shelters with a bed capacity of 1,078 currently operating in the City of Chicago. All of the shelters are operated by voluntary agencies.

- Twenty-one or 70% of the shelters have a bed capacity of 879 and are classified as Emergency Shelters; 73.9% of the shelters are located in the Loop (bed capacity 365) and Northside (bed capacity 285). The capacity of the shelters ranges from 5 to 150 beds with only three shelters in the 100-150 bed range.

- Of the total beds available for shelter, 217 are for use by families, 40 for women and children.

- Two emergency shelters, with a total bed capacity of 130, served 9,924 persons February, 1983, through April, 1983, (three months) for an average of 3,308 per month.

- A pilot survey of 10 shelters revealed that in the month of April, 1983, 6,000 persons were turned away from these 10 shelters because they could not house them.

- A Police Department survey, during the period of July 21, 1983 through August 17, 1983, indicated that 181 men had to be sheltered in a police facility overnight due to lack of resources in the community.

- The City of Chicago does not operate any emergency shelters. The City contracts for: a) operation of a 100 bed shelter; b) overnight shelters on individual basis through a voucher payment system, which includes senior citizens.

- Standards for operation of an emergency shelter do not exist. Zoning and building regulations supportive of shelter operation need to be adopted.

C. FUNDING

- Funding by the City of Chicago for shelter in 1983, totals $1,129,000; $250,000 (22%) of this amount is to be used for rehabilitation of shelter sites.

- The Emergency Food and Shelter Program of the Jobs Bill allocation to agencies in the City of Chicago for shelter is $329,502 (includes Local Board, and State Board allocations) to provide 61,766 nights of shelter from June, 1983 through February, 1984.

- A total of $1,458,502 of Federal, and City Government funds are presently available for the provision of shelter services in the City of Chicago in FY '83.
- The Illinois Department of Mental Health and Developmental Disabilities provides funds for community living facilities which includes: halfway houses, and emergency programs for group care for alcoholics and drug abusers.

D. CHARACTERISTICS OF HOMELESS POPULATION

The Pilot Study of Homeless People, by the Chicago Coalition for the Homeless, for the first time provides more complete information regarding this population. Following is a summary of the findings:

- 71% of the homeless seek shelter in neighborhoods, while 29% look for places to stay in the Loop.
- Of the participants in the study 51% who had lived all their lives in Chicago, with only 3% residing in the City "a few weeks." 60% have family in Chicago.
- 32% became homeless due to eviction. Another 32% because of an inability to get along with others.
- "Home" for the population in the study during the preceeding six months included:

--	Hotel/Home	58%
--	Mission/Shelter	64%
--	Outside	60%

- Of those who slept outside, 21% used autos or trucks; 23% slept under bridges, viaducts or in streets and alleys; 6% each in park or the CTA's facilities.

- Less than a third of the participants in the study report regular income in some form of assistance. General Assistance accounts for 50% of this income, while 21% is from SSI and 10% from V.A. Disability.

- Of those who report "occasional" income, 29% list Day Labor; 23% list begging; and 12% list illegal activities and prostitution as sources of income.

- 63% of the population in the study reported having been institutionalized. Of this group, 23% were hospitalized in a mental institution, while 66% were in a correctional institution, jail, or prison.

An exploratory study by the Chicago Christian Industrial League of homeless youth reveals that:

- Most became homeless because of family disruption.

- Fully homeless youth tend to be older and Black.

- Most of those studied were wards of the State at some time in their lives.

- Many reported that prostitution and homosexuality is inevitable for homeless youth, as is substance abuse and criminal behavior.

- Nearly 50% were homeless for two (2) years or more.

Findings from other sources:

- Of the 10,998 residents of the Sousa Shelter for the period from February 7, 1983 through April 30, 1983, 87% were male; 11% female; 76% Black; 22% White; and 2% Hispanic.

- In a survey of indigent persons referred to Chicago Police Department for one month, July 21, 1983 through August 17, 1983, 58% were male; 42% female. Of this group, 45% were White; 42% Black; and 11% Hispanic. The largest age group, 28%, were 30-50 years old, while 10% were in the 22-29 year group.

II ISSUES

1. The increasing demand for Emergency Shelter far exceeds the presently available resources.

2. There is a need for additional information to assist in understanding and defining the specialized problems of the homeless (i.e., available beds; turnaways; special populations such as the mentally ill, runaways, disabled, families, elderly, abused women, etc.) because data is often unavailable about needs and client characteristics.

3. There is a need for continued public education and awareness of homelessness.

4. There is a need to create and stimulate community advocacy and support of neighborhood based shelters and other resources for the homeless in Chicago.

5. There is a need to create and develop additional resources and avenues of assistance (local, state and federal government; private/corporate funding; medical care; in-kind contributions; donations; facilities; specialized staff; mortgage assistance programs; renovation and rehabilitation of buildings; increased availability of low-income housing stock, etc.) to support and strengthen existing programs; and provide additional services.

6. Collaboration, and coordination among the voluntary agencies; religious sector, private (corporate) sector and the government has improved but needs to be strengthened. There needs to be clarification of the roles and responsibilities of the voluntary sector, the City and the State.

7. Public policy designed to assist and support the operation of emergency shelters, and to protect funds designated for this specific use is urgently required. Such policies must address

those issues which are precipitating causes of homelessness (i.e., the impact of deinstitutionalization, the inadequacy of welfare grant levels, the barriers created by Health Department and building and zoning codes or regulations, and the impact of the demolition of thousands of SRO units).

8. Standards and codes should insure the protection of health, respect, dignity and well-being of the homeless. Building and zoning codes should support and encourage the provision of shelter services. Standards for the operation of shelters vary, and need to be further defined.

9. There is no comprehensive strategy, nor plan for alleviating the immediate or long-range problem of the homeless, locally or statewide.

10. Many homeless people have other problems that need to be addressed, that are presently beyond the ability of shelters to provide (i.e., emotional problems, health, hunger and nutrition, hygiene, unemployment, a lack of permanent housing, etc.).

11. There is a severe lack of daytime drop-in facilities for the homeless.

12. There are now four (4) separate emergency phone numbers in the City. The lack of a system for coordinating the City's response to non-police/fire emergency requests coming into 911, the Department of Neighborhodds, the Mayor's Office for Senior Citizens & Handicapped, and the Department of Human Services impedes an appropriate response.

III. RECOMMENDATIONS

1. Create or facilitate the creation of a minimum of 500 additional shelter beds by November 1, 1983 - January 1, 1984 and an additional 1,000 beds in 1984.

2. These beds should be in critical need areas. Such shelter services should be operated by community based groups.

3. Create or facilitate the creation of ancillary services for the homeless:

   Day Time Drop-In Centers - these programs should operate during the daytime hours and provide a warm, safe place for people to go and read, socialize, and have contact with volunteers. They should be located in critical need areas of the city.

   Showers - the Park District and community agencies with shower facilities should open up their field houses or bathing facilities to allow access to showers for the homeless.

   Feeding Programs - additional feeding programs should be created and located near shelters.

   Health Services - accessible, free health services should be available for the homeless.

   Counseling Services - additional social services, psychological and medical referral services, etc. are needed.

4. The City should allocate the $83,200 under the shelter program remaining in the 1983 Corporate budget to create additional beds this winter and should also use other funds currently earmarked

for shelter services. In 1984 adequate additional funding should be allocated to meet the goal of a minimum of 1,000 new beds.

5. The State of Illinois should contribute a fair share of the resources required to meet the emergency shelter needs of its residents in order to help meet the goal of 1,500 new beds by the end of 1984.

6. Public officials should use government funds to encourage increased significant participation from the private/foundation sectors. The money should be used to provide seed funding for shelter groups, salaries, operating expenses and renovation costs.

7. Standards for the operation of shelters vary according to the type and groups who run them. Basic standards need to be adopted which would insure that each shelter guest is provided with a maximum of respect and offered a sanitary, healthy, and safe environment (i.e., Such as those standards proposed in this report. See Section VIII).

8. Suspend enforcement of zoning and building code requirements for shelters for a one year period (pending revision of the codes to create a section specifically regulating emergency shelters). During the interim period shelters should be required to meet minimum standards to insure health and safety.

9. A moratorium on the demolition or conversion of City owned and private residential facilities and in particular Single Room Occupancy hotels should be strongly considered. The City should develop a statute which requires developers to contribute a portion of profits from the redevelopment of SRO property towards the creation of new low cost housing. Similarly, a portion of new tax revenues derived by the City from such ventures sould also be earmarked for that purpose. Incentives

for the preservation and repair of low cost residential homes should also be developed.

10. The City of Chicago, in consonance with the Administration's neighborhood focus, should actively work to minimize opposition to community shelters by working with voluntary groups providing or seeking to provide shelter resources.

11. The Chicago Coalition for the Homeless should be seen as the central coordinating organization for research on the homeless. Public and private agencies should be encouraged to work with the Coalition on collecting relevant data, interpreting the data, and publishing the results.

12. A task force should be created to develop short-term and long-term responses to the problem of homelessness in Chicago. This task force, under the Mayor's Office, should be comprised of high-ranking officials from: the Department of Human Services, the Department of Housing, the Department of Planning, the Department of Health, the Department of Inspectional Services, the Chicago Coalition for the Homeless, community based shelter providers, the religious community, social service agencies, and experts such as planners, architects, and lawyers, and should include representatives from the State of Illinois.

13. The Governor should immediately initiate a process to define the State's role and responsibility in the provision of shelter services.

14. The Legislative Advisory Committee on Public Aid of the State Legislature should be asked to initiate a formal exploration of the extent of homelessness in Illinois, to develop recommendations concerning the role of the State, and the various programmatic options available to the state for the use of its resources.

15. Public education about the nature of homelessness should continue and be expanded. The City and the State and the voluntary sector should work collaboratively wherever possible in public education endeavors.

16. A decent home in a suitable living environment for every American is the housing policy of this country. The City and State should work with all levels of government to assure the implementation of that policy.

17. The State should also adopt a statute guaranteeing each resident of Illinois the right to shelter.

18. Public Aid grants should be determined by the State's prevailing standard of need. This figure should reflect the cost of affordable housing. In addition, State policies which may prevent access to public assistance, and other policies which generate homeless people as a result of a lack of community facilities for those who are deinstitutionalized, must be corrected.

19. The City of Chicago should develop a coordinated 24 hour response system to handle requests for non-police/fire emergency service.

IV. INTRODUCTION

The need for shelters for the homeless is a problem about which there is a heightened sense of awareness on the part of local and national public officials and voluntary agencies. Indeed, few days go by without the publication of an article describing the problem appearing in a newspaper or magazine.

The problem of the homeless is so dramatic that there is the real danger of a whole new area of industry in human services becoming permanently institutionalized.

Those who have contributed to the development of this document, whose aim is to describe what is presently understood about the issue in Chicago and to make some specific recommendations, have a particular perspective about shelters and the problems of the homeless.

Homelessness is an indication of a society that is not working well. It is a reflection of the lack of reasonably priced housing, of our inability to provide enough jobs, and of our community's unwillingness to insist upon an adequate public welfare system for all those who may require it.

For example, recently the Illinois Department of Public Aid revised its regulations to eliminate the need for an address as a prerequisite to establishment of eligibility for General Assistance. The department now provides "disbursing orders" which new General Assistance clients may give to landlords prior to receipt of their first check. These "letters of credit" guarantee that the State will pay the landlord.

It is felt that these kinds of major problems must be vigorously attacked if we are to break the cycle which continues to generate people without homes.

The proposals which appear later on in this document should be understood as a response to an emergency. This crisis is deserving of other responses as well, but shelter services must not be permitted to become our community's long-term solution.

The homeless person is becoming more visible daily in the City of Chicago. There has been a significant increase in the homeless population in the City during the past two (2) years as a result of: a) rising unemployment, currently at 11.6% (348,588 persons); b) reductions in federally funded health and human services; c) an increase in de-institutionalization of mental patients and ex-offenders by the State of Illinois; d) a lack of housing for poverty level and low income persons; e) the general inadequacy of public welfare grants (i.e., the gap between the General Assistance grant of $144 per month and the minimal subsistence standard of $286 per month for an individual in Cook County as of 1/1/84); and f) the demolition of single room occupancy (SRO) hotels and apartments which stimulates the growth and visibility of the homeless. It is estimated that 3,000 SRO units have been demolished during the last several years in the Madison/Canal area and that another 2,600 units are scheduled for demolition.

The "Synopsis for a Proposed Study of Single Room Occupancy (SRO) Housing In Chicago" authored by the Jewish Council on Urban Affairs and the 8th Day Shelter Project, revealed that the reduction of SRO's has been a result of urban renewal and private reconversion of housing for the upper economic level of the housing market.

Generally, the persons residing in SRO's are: 1) receiving some form of public assistance, pension, disability, or are day laborers; 2) less mobile than the general population; and 3) maintain long-term living arrangements. Of the 114 hotels surveyed in a pilot study, "only 11....offered rates affordable to the 130,000 persons living in Chicago on the General Assistance grant; $144 a month".[1] The findings revealed that the average rate for an SRO room was $190 a month. The survey stated, "this housing would be affordable to most persons living on disability, old age or retirement benefits; it is clearly beyond the range of a person living on General Assistance".[2]

Although there are some existing efforts to deal with the problem of the homeless by the voluntary agencies, churches and the City of Chicago; there is an immediate need for joint collaboration and coordination to develop a strategy to understand and approach the problem more definitively.

The urgency of the problem of the homeless and the need for shelter is recognized nationally in Public Law 98-8, signed by the President on March 24, 1983, which appropriated $100 million for emergency food and shelter. The responsibility for administration of the program is assigned to the Federal Emergency Management Agency (FEMA). The funds for emergency food and shelter are to be distributed equally by: a) State government; and b) a National FEMA Board, which is comprised of six national voluntary agencies and a representative of FEMA as board chairperson. The money is scheduled to be obligated by September 30, 1983. These funds are allocated for the provision of service up to March 30, 1984.

In Chicago/Suburban Cook County, the Local FEMA Board has distributed $1,485,681 to 26 voluntary agencies in the City of Chicago. Of this amount, $150,000 or 10.2% has been allocated to 17 agencies to provide 30,161 nights of lodging.

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[1] "A Synopsis for a Proposed Study of Single Room Occupancy (SRO) Housing in Chicago"; Jewish Council of Urban Affairs/8th Day Center for Justice; March 18, 1983.

[2] Ibid.

The State FEMA Board allocated a total of $881,545 to Chicago and Suburban Cook County for Emergency Food and Shelter. Voluntary agencies submitted proposals to the Local FEMA Board by August 3, 1983. The local board submitted a plan and recommendations on August 5, 1983. As a direct result of the federal legislation, a total of $3,244,112 has been allocated for emergency food and shelter in Chicago and Suburban Cook County for FY '83.

In Chicago, the problem of the homeless has been addressed primarily through: a) increased development of emergency shelters by voluntary agencies and community groups; b) additional funds provided by the City; c) heightened awareness, of the problem through education, information, and advocacy by the voluntary sector; d) formation of a special network, the "Coalition for the Homeless" to deal with the problem; e) establishment of a FEMA Board to award federal funds for the provision of emergency food and shelter services allocated to Chicago/Suburban Cook County; f) legislative initiative at the State level.

V. TASK FORCE ON EMERGENCY SHELTER

The problems of the homeless, the need for additional shelters in the City of Chicago are the concern of the public and the voluntary sector. Based on experiences of the FEMA Board and the City's Social Services Task Force, a Task Force on the homeless was established through the leadership of the Jewish Federation, and the United Way of Chicago in June, 1983.

The purpose of the Task Force is to identify issues, develop a strategy, and a plan for the winter of 1983-84. To develop strategy and implement new programs for the homeless; the collaboration of the City, the voluntary sector and the State is required.

As operational philosophy, the Task Force believes the role and responsibility of the public sector is and should be to provide resources, such as: sites, funds, technical assistance, and protection to the voluntary sector. The voluntary sector's role and responsibility is to expand resources and develop, implement and operate shelter services. There is agreement with a recent statement of Mayor Washington's transition team; "the City will favor contracting out services to private institutions where such arrangements will produce better and more efficient services."[3]

Since the first meeting of the Task Force on June 24, 1983, the focus has been on collection and organization of data, analysis of the problem, development of new strategies, and identification of available resources.

GOALS

"To provide adequate resources for the provision of protective services for the dependent population"[4] is one of the goals of the City of Chicago with the stated purpose of provision of services to people who are temporarily dependent because of a change in family situation, health or emergency. In order to achieve this, the Task Force has also agreed upon the following goals concerning the specific needs of the homeless in our City:

OVERALL: Development of an on-going partnership between the City, the voluntary/community sector and the State; in developing a collaborative plan for services to the homeless and in the funding and operation of emergency programs for the homeless.

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[3] Washington Transition Committee, "Toward a Prosperous, Compassionate and Efficient Chicago", Policy Recommendations, September, 1983, p. 125.

[4] Progress Report, Social Services Task Force, April, 1983.

A. SHORT TERM

1. Five hundred additional beds in place November 1 - January, 1984.

2. In 1984, additional funds should be allocated to establish a minimum of 1,000 additional beds.

3. In 1984, adequate, additional funding should be allocated by the City of Chicago.

4. The State of Illinois should contribute a fair share of the resources required to meet emergency shelter needs.

5. Legislation

   CITY: The process of structuring and modifying ordinances, zoning, licensing and registration should incorporate and reflect the information and the experience of the community and/or "grassroots" organizations that (i.e., Coalition for the Homeless) are presently involved in the attempt to alleviate the problems of the homeless.

   STATE: The process of expanding and identifying the problems of the homeless should result in strengthening existing legislation and public policy.

   FEDERAL: Amend Public Law 98-8 for FY '84 to continue and expand FEMA.

6. Concentrated effort to further involve: a) the religious community; b) the corporate sector, as soon as possible.

7. Special focus on the provision of additional supportive services in emergency shelters.

8. Develop an information system for purposes of planning, accountability, and more effective use of existing resources.

9. Development of additional models for shelter programs. (See Shelter Models in the Appendix)

10. Request that the Legislative Advisory Committee on Public Aid explore and identify the State's role, responsibility and related social policy, regarding shelter and services required by the homeless. The LAC should also examine potential resources to supplement present funding for the homeless; i.e. the Capital Development Board.

B. LONG TERM

Development of a comprehensive plan for housing for poverty, low income residents which can be implemented jointly by the public and private sectors.

These goals are based on the philosophy that every individual's basic right is to be treated with maximum respect and dignity as a human being. Along with this is the right to decent, humane protection and shelter when without resources.

The shelter should protect and support the person while holding them responsible during their time in the shelter. It should be orderly, clean, and a part of a community. The shelter should provide necessary services, without intruding on the beliefs of the person served, and accept the person as they are.

VII. PROBLEM STATEMENT, DEFINITION, RESOURCES, EXISTING SHELTERS, POPULATION AFFECTED, RESEARCH FINDINGS

The problem of the homeless appears to be escalating and includes the following components requiring examination:

A. Definition of homeless
B. Shelters
C. Population affected
D. Resources

A. DEFINITION OF HOMELESS

The "homeless" may be defined in many ways. The dictionary simply describes them as "lacking a home." This definition can be used for many people but does not adequately reflect the problem of the "street" person, as well as many of the other homeless persons needing shelter. A lack of family, financial, social, or emotional resources, along with community identification, are additional factors in the lives of many of the homeless.[5] The homeless person is one whose primary nighttime residence is either in publicly or privately operated shelters, or in the streets, doorways, train and bus stations, public plazas and parks, subways, under viaducts, abandoned buildings, and other well hidden sites known only to their users.

The homeless population can be further defined through an examination of the problems which tend to cause a loss of residence, or which often tend to be associated with homelessness.

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[5] Administrator's Roundtable on the Homeless; Alcohol, Drug Abuse and Mental Health Administration, U.S. Department of Health and Human Services, March 31, 1983.

- Unemployed
- Alcohol
- Drug Abuse
- Mental Illness
- Battered Women
- Migrant
- Elderly
- Runaway Youth
- Eviction, Foreclosure
- Emergency (fire, building demolition, unsafe, etc.)
- "Bag Lady"

B. EXISTING SHELTERS IN CHICAGO

Shelter facilities can be divided into the following categories. Limited Emergency Shelters that provide nothing beyond bed space one night at a time, and do not have special services or programs. There are two types of Limited Emergency Shelters: Year-Round and Seasonal. Seasonal Shelters are only open during the winter months.

The second category is Programmatic Emergency Shelters. These are shelters that provide space for one night or more according to need, and some form of advocacy or counseling such as assistance in securing welfare or job counseling. They are open year-round.

The third category is Rehabilitative Shelters. Access to these shelters is limited to people with particular physical or mental problems, and provision of shelters from 1 day to three months is incidental to a specific program. Rehabilitative shelters are designed for persons with alcoholism or substance abuse, or mental illness.

The final category is Battered Womens' Shelters where abused women may stay one night to three months, and counseling is provided. For purposes of this report, no shelters have been included that require payment from the individual as a condition of providing assistance.

TABLE I: OVERVIEW OF RESOURCES

Limited Emergency Shelters:	# Shelters	Total Beds
Year-Round	10	440
Seasonal	2	185
Programmatic Emergency Shelters:	10	253
Rehabilitative Shelters:	3	32
Battered Women Shelters:	5	168
TOTALS	30	1,078

The following Tables[6] cover only Limited and Programmatic Emergency Shelters because the focus of this report is on resources for people whose primary need is for shelter. This is not to suggest that resources for battered women, or persons suffering from physical or mental illnesses are adequate. Indeed, a number of the model programs included in the appendix are designed to address some of these needs.

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[6] Sources of Information:

Directory of Shelters and Resources for Homeless (1983-84), Chicago Coalition for the Homeless and August, 1983 research.
Human Services Directory of Metropolitan Chicago, United Way.
Emergency Food and Shelter, National/Local Board Estimates.
Eighth Day Center for Justice, Summary, July, 1983.

TABLE II: PERSONS OR HOUSEHOLDS SERVED BY LIMITED AND PROGRAMMATIC EMERGENCY SHELTER

	# Bed Spaces
Men Only	160 (all of which are year round)
Women Only	151 (year round)
Men & Women (bed space not allocated by sex)	
Year-Round	206
Seasonal	185
Programmatic	21
Family	217
Women & Children	40

TABLE III: SIZE OF LIMITED AND PROGRAMMATIC EMERGENCY SHELTERS

20 beds or less	11 shelters
20-30 beds	3 shelters
30-100 beds	5 shelters
100 plus beds	2 shelters

TABLE IV: TYPE OF PROVIDER OF LIMITED AND PROGRAMMATIC SHELTERS

# Non-Profit Neighborhood Based Providers: (Local churches and/or neighborhood group sponsor)	14 shelters of which 5 are in churches with a total of 375 beds.
# Mission Providers: (Participation in religious services is mandatory)	4 shelters with a total of 233 beds.
# Institutional Providers: (Salvation Army and Catholic Charities; includes Sousa School operated by Catholic Charities)	5 facilities of which 2 are in churches with a total of 267 beds.

TABLE V: LOCATION OF LIMITED AND PROGRAMMATIC SHELTERS

	Number	Total Beds
Loop area	6	365
Northside	5	285
Westside	7	108
Southside	4	121
TOTALS	22	879

One shelter with a capacity of 150 beds actually sheltered 450 people per night during the winter months last year. In April, 1983 a pilot telephone survey of 10 shelters was conducted to assess the extent to which they had to turn people away. The results revealed that from January - April, 1983 the 10 shelters turned away an estimated 6,000 people.[7]

21 of the existing shelters, (37.5%) are emergency shelters with a capacity of 951 beds. Length of stay in these shelters varies from overnight to two months. Shelter capacity varies from 5 residents to 150.

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[7] Communication from the Chicago Coalition for the Homeless.

Critical Need Areas

The areas in Chicago where homelessness is most widespread are those that follow the demographic areas of poverty. These areas include Edgewater-Uptown; Humboldt-Wicker Park; Lawndale-Garfield; Pilsen-Little Village; Englewood-Woodlawn; and the peripheral areas of Downtown. The Lawndale-Garfield and Englewood-Woodlawn areas are especially impoverished, have large tracts of vacant land, decaying, abandoned and burned-out housing, and provide a capacity of social services.

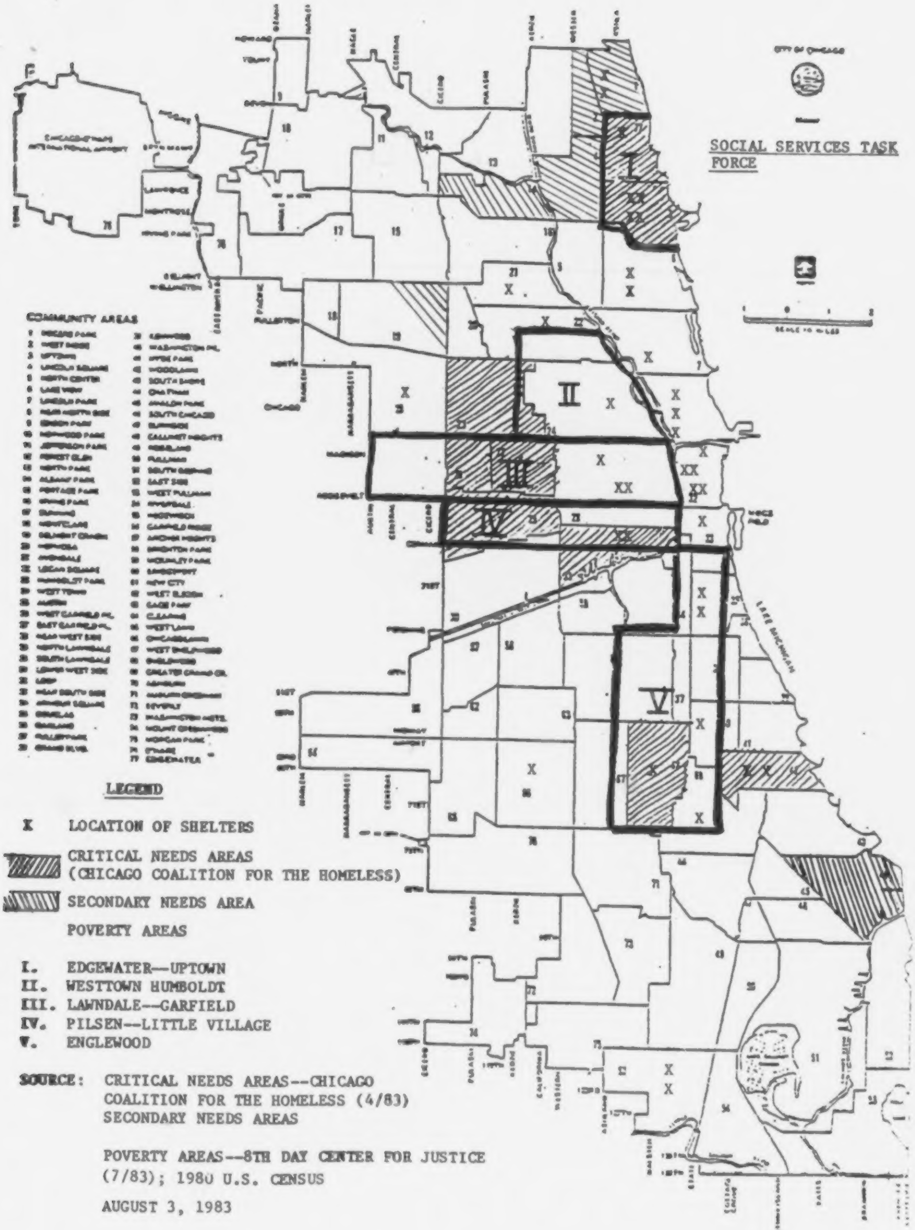
Homelessness has been reported or is noticeable in other areas: Lakeview; Rogers Park; North Town; Lincoln Square; Albany Park; Cragin, Marquette Park; West Rogers Park; and South Chicago. (See maps for location of shelters, and areas of need.)

C. POPULATION AFFECTED

It has been estimated that two million people, or about one percent of the population of the United States may be homeless. Applying this estimate to the City of Chicago, approximately 30,050, or one out of every 30 persons in the City would be homeless.

Estimates of the homeless population in the City have varied from a minimum of 12,000 persons to 25,000 persons. These are all "guesstimates" as the lack of visibility, and the mobility of this population makes it difficult to establish an accurate census. These estimates include all the classifications of the homeless such as alcoholics, drug abusers, the mentally ill, etc.

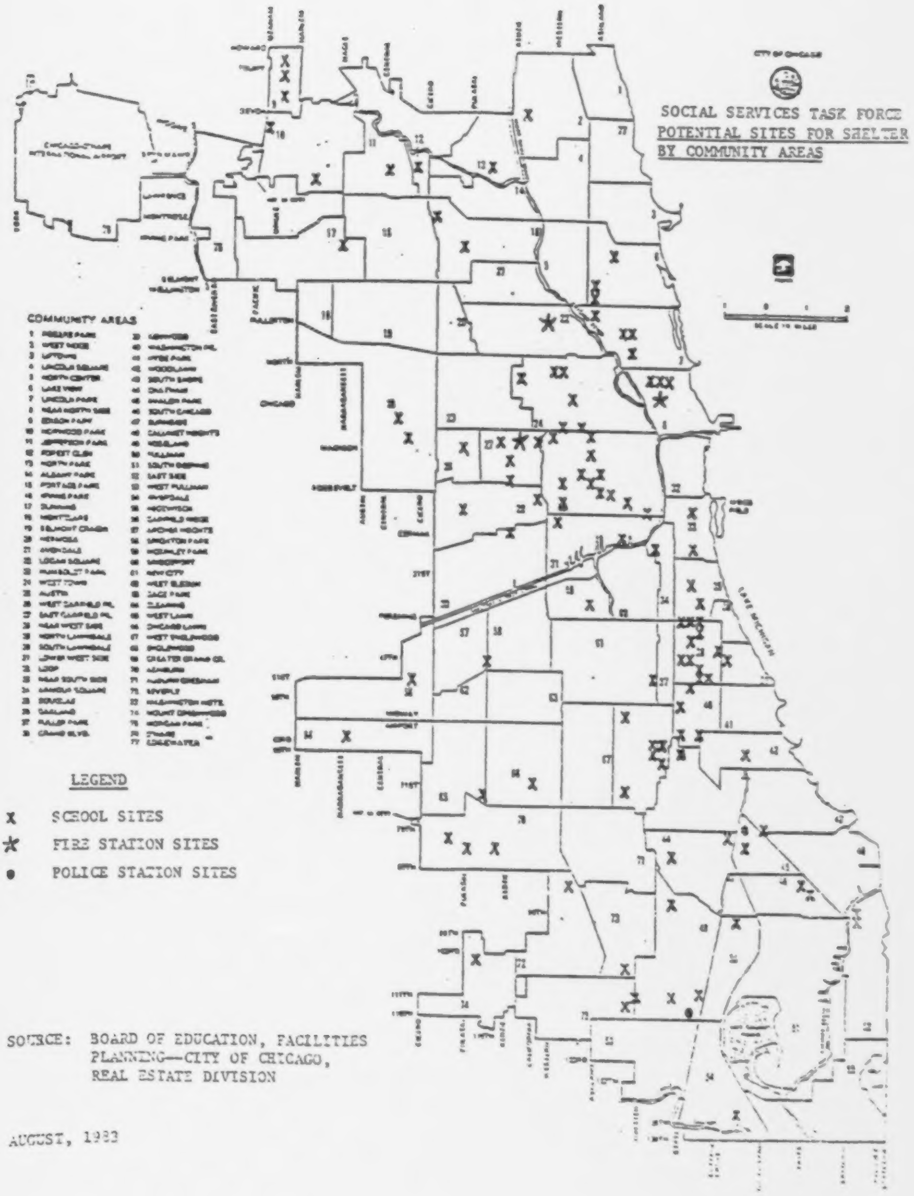
One of the sources of information about the population, and their needs in the community is the data from shelters. Data available from two shelters, for the months of February through April, 1983 indicate the following:



SOURCE: CRITICAL NEEDS AREAS--CHICAGO COALITION FOR THE HOMELESS (4/83) SECONDARY NEEDS AREAS

POVERTY AREAS--8TH DAY CENTER FOR JUSTICE (7/83); 1980 U.S. CENSUS

AUGUST 3, 1983



SOCIAL SERVICES TASK FORCE
POTENTIAL SITES FOR SHELTER
BY COMMUNITY AREAS

LEGEND

X SCHOOL SITES
★ FIRE STATION SITES
● POLICE STATION SITES

SOURCE: BOARD OF EDUCATION, FACILITIES
PLANNING—CITY OF CHICAGO,
REAL ESTATE DIVISION

AUGUST, 1982

SHELTER	CAPACITY	GUESTS
WEST	30	1,901
SOUSA	100	8,023
TOTAL	130	9,924

NOTE: Number of guests may include both repeaters and duplicate count.

Characteristics of the homeless population are difficult to define. Data from the Sousa Shelter[8] indicates the following for the period February 7, 1983, through May 31, 1983:

TOTAL GUESTS	10,998
MALE	9,998 (89%)
FEMALE	1,207 (11%)

Further analysis indicates the following characteristics:

BLACK	75.5%
WHITE	22.06%
HISPANIC	2.10%
ASIAN	.02%
AMERICAN INDIAN	.32%

81.37% of the population are under the age of 50. In a period of 84 service nights, 93% of the guests are repeaters (no indication of whether repeater is for one night, two nights, etc.)

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[8] City of Chicago, Department of Human Services, Community Services Division; Emergency Shelter; June 21, 1983.

Data from the West Shelter provides the following information regarding characteristics of the population for February 3, 1983 through April 20, 1983 (86 nights).[9]

TOTAL GUESTS 1,901

MALE 1,797 (94.5%)
FEMALE 104 (5.5%)

Further analysis indicates the following characteristics:

HISPANIC 22.4%
SLAVIC 15.9%

HOMELESSNESS IN THE NATION

A detailed analysis of data from 13 cities is provided in the Appendix. There are certain particularly striking findings which cities reported:

- Thirty-three percent (33%) of the homeless in New York City suffer from some form of mental illness; 37% in Baltimore; 33% in Denver.
- Thirty-five percent (35%) of the homeless in New York City suffer from alcohol abuse; 13% in Baltimore; 35% in Denver, Colorado.
- Single women account for 10% of the homeless in Salt Lake City; 21.8% of the homeless are single women in Baltimore.
- Families are 10% of the homeless Salt Lake City; 22.2% of the homeless in Baltimore.
- In Salt Lake City, Utah, 80% of the transients are single males; disadvantaged people look to the Intermountain West as a good place to find jobs. They pass enroute to their desired destination through Salt Lake City.

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[9] 8th Day Center for Justice, West Evaluation, July, 1983.

- In 1981 the Salvation Army in San Antonio, Texas, sheltered 34,215 people.

- An analysis of the average age of the homeless indicates that in New York City 63% are under 40 years of age and 77% in Baltimore, Maryland.

- The leading cause of homelessness in Baltimore, Maryland, was informal eviction (37%).

- Operating costs for shelters are shared equally by the State and City in New York City. Expenditures for 1983 were $38 million and an allocation of $14 million for shelter system upgrading in 1984 is anticipated.

GENERAL CHARACTERISTICS OF "STREET" PEOPLE

The following profile of street people emerges from the experience of social agencies in serving this particular population:

-- These are people who have dropped out of all communal systems. If they are mentally ill, they used to be able to use the State Hospital System on a periodic/episodic basis to get off the street. Hospitals are reluctant to accept them unless they are actively "acting out", due to reductions in services caused by public funding cuts and tightened eligibility requirements.

-- Where family connections exist, they often disown them or are disowned by the family.

-- Characteristically, agencies have a lack of background or history data on the individual.

-- Services provided are, in fact, life sustaining.

-- They tend not to be actively involved in the religious life of the community behaviorally.

-- They are frequently dirty and in visible physical disarray.

-- Periodic crises require large investments of staff time (these usually involve advocacy regarding public aid or medical crises).

-- There is an increase in need for services in this population during the winter months.

-- They are characterized by massive alienation from any communal life and are fearful of intrusion from social agencies or other bureaucracies.[10]

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[10] Report of the Jewish Federation of Metropolitan Chicago, Planning Project on Services to the Economically Disadvantaged, June 1983, pp. 53-54.

CHICAGO COALITION FOR THE HOMELESS - PILOT STUDY OF HOMELESS PEOPLE

Following is a description of the experience of homeless people in Chicago, as they provided it, during a three month period, from the first week in June through September, 1983. It must be kept in mind that this information represents the perspective of the homeless person. That is, individuals responded to interviewers, describing their own coping mechanisms. Some of this data may not be accurate; where there was reason to disbelieve the aggregate answers given, this has been noted, and possible lines of further investigation have been suggested for future researchers.

METHODOLOGY

The problem of homelessness in Chicago is one that has been examined by many people, using many disciplines, during the past 80 years. Once again, however, a crisis in providing services to the homeless has arisen. There are several questions the survey sought to address:

1. How many homeless people are there in Chicago? According to the Chicago Department of Human Services, there are about 12,000 such people. This estimate is based on their judgements concerning eligibility, and the number of requests for service made to DHS crisis workers. The Coalition, on the the other hand, basing estimates on the number of requests for assistance made to private providers, has doubled that estimate.

2. What kind of people are homeless? Are they chronic alcoholics, drug users, or others unable to hold a steady job, or are they the newly unemployed, or both? Are any of these groups increasing in numbers of homeless? Are homeless people bound to communities, or are they mobile? How do they get shelter, food, health services, clothing, sanitary facilities?

3. What do homeless people do to get money? Where does that money get spent? How much do they have?

4. How do homeless people spend their time? When do they sleep? Who hassles them: other homeless people, street gangs, businessmen, homeowners, police?

5. Is there any commonality to the history of these people? For instance, are many, or perhaps most, of these people those who have spent time in mental institutions? Prisons? Jails?

6. What do homeless people think are the immediate solutions for their problems? What do they think are the biggest problems they face?

In June, 1983, the Chicago Community Trust awarded a $2,000 technical assistance grant to the Research Committee of the Chicago Coalition for the Homeless to develop enough insight into these questions to be able to undertake a comprehensive study which could answer these questions. This pilot study was coordinated by the Chicago Law Enforcement Study Group, as technical assistance provider to the Coalition.

The pilot study made no effort to develop comprehensive answers to all the questions being asked about homelessness. In particular, the committee decided, at a quite early point, that the pilot study could provide no answer to the question of how many homeless people there are in Chicago. What is outlined below is the product of three and a half months of research on both the ways to conduct a comprehensive study, and of the coping mechanisms of homeless people.

The Survey

The first major problem in the pilot study was to provide a definition of homelessness. "Home" is a literary word, one loaded with values, associations, emotion. To call someone "homeless" may, superficially, be an easily definable characteristic; yet, in doing so, we would be implying lack of roots, ethnic and social identity, family. Thus, the first task of the Coalition's Research Committee was to develop a non-pejorative term to describe the condition of homelessness: a term which carried none of the baggage of "home". In this process, consideration was given to possible causes for homelessness - unemployment, availability of housing, transiency - as a part of our description of the condition. While many of the people talked to call themselves "Street People", a significant category of respondents do not fit this description, which implies a permanency of the condition. Thus, the description elected was "people having a hard time finding a place to stay." The definition of homelessness determined to be most appropriate was any person who has slept out of doors or in a shelter during the past six months from necessity, and whose situation has not substantially changed.

Identifying Concentrations of Homeless People

Though there are traditional "Skid Row" areas in Chicago, homelessness covers a much broader area. It may be easier to be homeless in neighborhoods where there are a number of shelters and feeding programs, but community groups and service agencies providing services geared to other problems have complained about diversion of these services to providing for the homeless. Thus, the specific neighborhoods included in the testing of instruments included both traditional Skid Row areas and other, newer communities for the homeless.

To identify and select the neighborhoods, community organizers, service providers, clergymen, and staff of city-wide advocacy agencies were interviewed. These consultations resulted in a compilation of target areas, each containing two to six square blocks or lengths of blocks, with local reputations for high concentrations of homeless people. Because this information was relative, that is, the informants were providing an educated guess that there were a greater number of homeless people in certain areas than in others within their knowledge, a number of auxiliary hypotheses were developed to help in ranking the likelihood of finding homeless people.

The first hypothesis was that there would probably be more homeless people in communities with a relatively high number of Public Aid or General Assistance recipients. This hypothesis is based on the following information: such grants can be paid through currency exchanges and banks; while the recipient must have an address, this address can be provided by a non-resident service program which will verify knowledge of the person, and need not be a residence. Further, the amount of the grants (maximum $144 cash per month per adult, with $75 in food stamps, and limited medical assistance) is lower than the average rent in the City of Chicago. The average studio apartment rent, at September, 1983, according to the Chicago Real Estate Board, was $175. The average single-room-occupancy hotel room, reported in a study of 260 S.R.O. hotels by the 8th Day Center for Justice and the Jewish Council on Urban Affairs, April, 1983, cost $190+ per month.

The second hypothesis used in determining which neighborhoods were most likely to have concentrations of homeless people is based on traditional methodology for locating such people. In this hypothesis, it was posited that those neighborhoods which contain high numbers of homeless people will be communities served by a great number of public transportation routes.

Still another factor which influenced the decision about which neighborhoods to examine were the reports of homeless people themselves. While not as rigorous a criterion as the others, when there were multiple reports from homeless people that certain areas would attract them, the study attempted to look at those communities.

From this process, homelessness in twelve communities was examined. These were:

Loop
Near North Side
Near West Side
Near South Side
Near West Side
Woodlawn
Uptown
Edgewater
Rogers Park
Albany Park
Jefferson Park
Lakeview

All but two of these communities are racially, ethnically and economically diverse. The two relatively homogeneous communities were each different than the other: Jefferson Park is a virtually all white, working class community, with an average income per household slightly above the city-wide average, while Woodlawn is a virtually all black neighborhood, with an average income per household substantially below the city-wide average.

Within these communities, by a nomination process, areas of from eight linear blocks to twelve square blocks were surveyed. An average of three square blocks were covered in each.

The Interviewers and the Instruments

Initially, the methodology included a "count" of homeless people. This count was to be done by interviewers by observation of a single square block, without approaching any of the people counted. This technique proved to be highly unreliable and provided no useful information.

Instead, interviewers approached every person on an assigned set of blocks during a two-and-a-half hour period on a single day. Interviewers were volunteers, recruited by the Coalition's Research Committee through both friendship and professional networks. All of the volunteer interviewers had some experience with interviewing on a professional basis, and many were recent graduates of the University of Chicago, School of Social Service Administration.

All interviewers were provided training in survey interview techniques, some background on the kind of people being surveyed, and some background on the block(s) to which the interviewers were assigned. They were assigned in teams of two and three, with instructions to conduct interviews within eye contact of each other, but only one interviewer to a respondent. Special attention was paid to assigning an inexperienced person with someone experienced in either interviewing or working with homeless people or both. Twenty-five interviewers conducted 162 interviews.

Interviews seem to have generally lasted ten to thirty minutes, and were usually conducted on the street or in alleys.[11] In a significant number of situations, interviewers sat at bus stops, on benches provided for riders, to provide a relaxed situation for fuller answers to the open-ended questions.

The interviews were conducted with every person willing to complete our screening questions who qualified as homeless. The screening questionnaire was a short set of probing questions, designed not to offend respondents, yet elicit the necessary information. The full questionnaire took an average of eighteen minutes to administer; interviewers talked to an average of five plus people per test. The number of respondents talked to ranged from one team which found no homeless people at one location on one evening, to another that interviewed eighteen people in one location in one evening.

At the end of each test, the interviewers themselves were interviewed for their impressions of methodology, the appropriateness of the information being sought, and the appropriateness of the language being used to elicit the information. Based on these interviews, the questionnaires were altered and refined. Sections of the instruments developed during the testing include all questions on length of residence in the city, questions about family, questions about drug usage, and questions about location of homeless people. Sections of the instrument significantly altered during the testing were questions about institutionalization and questions eliciting information on how the respondent(s) came to the location where the interview took place.

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[11] There is a significant exception to this: women on the street were extremely unwilling to discuss - or even admit - their situation. Approximately half the interviews with women took place in shelters, after the women were admitted.

The final version of the instruments is the fourth adaptation. It was used in seven locations on nine evenings.

The Respondents

Because there is always some question of who the people are to be interviewed in a street survey, interviewers were instructed to talk to all people in the assigned area. There was, nevertheless, some interviewer identification of likely people to be homeless in this process. To provide some indication of the amount of pre-selection taking place, part of the screening process was interviewer notation of the condition of the respondent. From these notes, it is difficult to determine just how much, and what, interviewer bias was. The responses were judgemental and perceptual observations of the person of the respondent.

INTERVIEWER PERCEPTIONS OF THE PERSON OF RESPONDENTS

	YES	NO
Respondent Sober	57%	43%
Respondent Clean (Body)	69%	31%
Respondent Clean (Clothes)	60%	40%

It would seem that, from the relatively high percentages of people interviewed whose bodies and clothes were dirty, as well as who were not considered to be sober, there was a relatively high degree of pre-selection on the part of the interviewers. Thus, the respondents we describe may be ones more inured to their condition and situation than others.

No effort was made to determine the respondent's mental capability, though about ten questionnaires had to be invalidated because the respondent was clearly hallucinating during the interview, and the answers were unresponsive. In several of these interviews, some answers were responsive and illuminating; these responses may be quoted as anecdotal material, though the interview was not tabulated with the main body of the material.

About half (50.6%) of the questionnaires were invalidated: all of these were people not homeless by the study's definition. One example of these respondents is a man, in his 50's, who sleeps in his truck in the Loop when he's had too much to drink because he doesn't want his wife to see him. Others included a woman in her late 60's who was about to be evicted from her apartment for non-payment of rent and a young man (early 20's) soon to end his enlistment in a service who had been homeless at the time of his enlistment and who had no place too return to.

Data Analysis

For this pilot study, simple tabulations of frequency of response were deemed to be most accurate and reliable. Both replies to the Screening Questionnaire and the Survey Questionnaire were tabulated. There were 82 valid instruments tabulated. Because the instrument changed through the process of the test, the N (number of respondents) varied from question to question. Where it is possible to posit reasons for the variance in N, these are reported. Answers to most questions provided an N of from 28 to 40. Analysis was performed by members of the Coalition's Research Committee who had participated in the interviewing, providing greater insight into the reliability of the information. All data is reported, with comments as to its reliability and consistency.

MAJOR FINDINGS:

The aim of this report, the first study of its kind in Chicago since the Depression, is to provide some data both for planners and future researchers on the growing phenomenon of homelessness in large cities. This effort was not an attempt to measure such factors as individuals' perceptions of self-worth, attitudes about community, or other psychological factors, though it is apparent from the data that such investigation would be fruitful.

Where They Have Stayed

A wider variety of places were "home" for respondents during the six months prior to the interviews. For most, some portion of that six month period was cold and wet (January through June or March through September), a period in which "voluntary" homelessness would seem to be lower than at times when the weather is warm and dry.

PLACES OF RESIDENCE DURING SIX MONTHS PRIOR TO INTERVIEW

Hotel/Home	58%	(N=63)
Mission/Shelter	64%	(N=76)
Outside	60%	(N=70)

Those who slept outside showed further variety in their sleeping places.

Autos/Trucks	21%
Newsstands	2%
Park	6%
Under Bridges/Streets/Alleys	23%
CTA/Public Transportation	6%
Other	28%

"Other" includes a loading dock, a canvas shelter attached to a fence, an abandoned building, and other places.

It is also significant that most people interviewed do not stay in the Loop when they sleep (for a list of the communities in which homeless people were interviewed, see the earlier section on Methodology). Respondents (N=80) were, for the most part, in the city's neighborhoods (71%), not in the central business district (29%).

Who They Are

Common perception, and the traditional literature, as well as more recent studies of homelessness in New York and Philadelphia, characterize the homeless as a "male" population. While special efforts were made to talk to women, 67% of the respondents were men and 33% were women. Without a full census of this population, it is impossible to more accurately predict the ratio of the sexes in the homeless population. The percentage of women respondents in the survey, however, closely parallels the percentage of shelter beds for women available in the Chicago area.

On the other hand, the race of the respondents is substantially different than the race of poor people generally in Chicago. Both Hispanic and Native American people are severely under-represented among the respondents, given the poverty of the people who were interviewed.

RACE OF RESPONDENTS

White	41%	
Black	56%	(N=79)
Hispanic	1%	
Native American	2%	

There are more Hispanic homeless people in the population than the survey shows, and it is suspected the same is true for Native Americans. During past winter, both the Native American Center and WEST, service agency in the Hispanic community, have offered shelter services to their ethnic constituencies. Both shelters have, at times, been oversubscribed.

The homeless people interviewed are relatively young.

AGE OF RESPONDENTS

17 - 35	43%	
36 - 55	49%	(N=82)
56+	8%	

None of the respondents reported being under the age of 17, though it is known that there are substantial numbers of homeless youth. Some of these children of homeless families, other are emancipated minors, or minors who have left home for many reasons. Only one of the respondents reported having been such a homeless youth: He had left an intolerable home situation at age 15 and, though he has been in the service recently and is not over 20, still considers himself homeless.

It is also important to note that a very small percentage of the people interviewed were over the age of 55. Living on the streets, being without a place of one's own, requires physical strength and stamina. One possibility that may explain the very few older homeless people in the survey is the health risks, and probable reduction of life expectancy, that living from day to day, while carrying all one's possessions, can cause.

It is also possible that the so-called "safety net" for the elderly, consisting of Social Security, Medicare, Food Stamp benefits, and large numbers of specially built subsidized housing units have some effect on the number of homeless people over the age of 55. This "safety net", it can also be argued, is a demonstration of the idea that older people are more acceptable in "dependent" roles than younger people. In particular, the surge in construction of new housing, under the HUD Section 8 program, specifically designed and restricted to those over 55, should be explored as a factor in explaining the narrow age range of homeless people in the study.

RESPONDENTS LENGTH OF RESIDENCE IN CHICAGO

Lived in Chicago all my life	51%
A few years	9%
A few months	9%
A few weeks	3%
Other	28%

Sixty percent of them also have family in Chicago. Many of the women volunteered that their families consisted of children now in the custody of the State. Other described sisters, brothers, mothers, in stable living situations. Because this question was asked as a bridge from questions about age and current sleeping places, this issue was not probed. It is apparent, however, the type of and strength of family ties among the homeless population ought to be explored.

How They Cope

Very few of the people in the survey are helped by their families. Only 33% reported any kind of help at all, and only 23% would identify the form of the help provided.

While feeding was one of the few ways in which families seem to help homeless people, 44% of the respondents reported that they ate once a day or less.

FREQUENCY OF EATING

Three times a day	20%
Two times a day	27%
Once a day	35%
Less Often	9%
Other	6%

Questions about food and eating, often, seemed to be very sensitive. Though these questions were asked, in virtually the same language, on all questionnaires, 34% of the respondents did not answer or provided unresponsive statements. Not only is the question of the frequency of meals sensitive, but so is the question of the source of that food.

SOURCE OF FOOD

Restaurants	21%
Feeding Programs and Shelters	42%
Buy Groceries	5%
Streets	14%
Handouts/Garbage Cans	2%
Other	16%

Almost a quarter of those responding report eating in restaurants, though only 2% report that their food is obtained from garbage cans. This would suggest more a statement of perception than of fact. Because there was no probing on this question, and because interviewers did not ask about specific meals ("Where did you eat supper last night?"), it is felt that these answers are more descriptions of what these people perceive as socially acceptable. We believe that many respondents, in truth, can only reply in socially unacceptable ways.

When asked about their general health, respondents overwhelmingly classified themselves as healthy (81%). This is supported by the responses to questions about the kinds of health care providers used, and the frequency of use.

USE OF HEALTH CARE
(N=56)

Go to the doctor:	
More than once a month	13%
Once a month	9%
Once a year	11%
Emergencies only	38%
Never	11%
When I need to	7%
Other	11%
Type of Health Care Provider:	
Board of Health (City)	18%
Cook County Hosp. Clinic	18%
VA Hosp. or Clinic	16%
Private Doctor of Clinic	32%
Emergency Rooms	11%
Other	5%

While it appears that this is another series of responses that describes "normal" social activities, there are other issues which may have some effect on these people as well. The sudden cut-off caused by changes in eligibility standards for public assistance, and, in particular, the reduction of health care for recipients of General Assistance, may have a great effect on the number of people using private doctors or clinics. Since 22% go to the doctor once a year or less, and 45% only go in emergencies or when needed, the changes in the availability of health care for the homeless will probably not be abrupt, but will, nevertheless, most likely reduce the patient care load of private doctors and clinics and increase the load of public health care providers.

Fewer people responded when asked about midication (N=52), but 36% of those answering described some sort of medication prescribed, often for very serious, chronic illnesses.

TYPE OF MEDICATION USED

Nerve Medicine	14%
Pain Pills	10%
Sleeping Pills	5%
High Blood Pressure	24%
Diabetes	10%
Epilepsy/Seizures	10%
Infection	5%
Anemia	5%
Emphysema/Asthma	10%
Other	5%

Somewhat surprising, given the rise in the rate of tuberculosis in the population of very poor people, is that none of the respondents in the survey reported this disease. This, however, may be more related to the frequency with which respondents visit doctors: As an infectious disease, tuberculosis, as well as venereal diseases, require stringent tests, performed in laboratories, with several follow-up visits.

Fifty-four percent of those responding (N=54) reported that they "drink," and 22% of those responding (N=45) reported using marijuana to get high. One respondent reported using "downers." The frequency of those reporting use of intoxicants varied.

FREQUENCY OF ALCOHOL/DRUG USE
(N=31)

Once in a while	45%
Every day	26%
When I have the money	10%
Once/Twice a week	6%
Other	13%

In initial pre-tests, clothing also seemed to be a question that involved self-respect and self-perception. Again, while this question was on all forms of the questionnaire used, there is a relatively low response rate

(N=62). Also, the two most frequent answers are ones which might be deemed more socially acceptable than others. In particular, the number of respondents who report buying their clothes from "regular" shops and stores seems very high, particularly in light of the responses (described later) to questions about the amount of and sources of their income. Forty-two percent report mission/giveaways as the source for their clothing.

Changing clothes also seems to be a question of self-respect and self-perception. The response rate on this question was exactly the same as on the previous question, with just a few responses that can be classified as socially unacceptable. Forty-two percent report use of shelters or missions, 10% use someone else's place, and 11% use other "public" places.

Taking a shower or washing up also shows this pattern. There is an even greater drop off in the number of people responding to the question (N=53), and there is also a rise in the number of answers which can be considered to be a reflection of adherence to the perceived social norm.

USE OF SHOWERS

Shelter/mission	63%
Someone else's place	15%
Stations	5%
Lake	5%
Bath House	2%
Truck	2%
Work	2%
Park	2%
Dept. Store	2%
No Where	2%

More people responded to the question about using toilets (N=60), and responded with a greater specificity.

USE OF TOILETS

Public Washrooms	48%
Shelter/Missions	22%
Street	13%
Drop In Centers	5%
Apartments	3%
At Work	2%
Anywhere	7%

Of the 48% of those answering, who reported using public washrooms, a wide variety of these were mentioned.

Gas Stations	17%
Taverns/Bars/Theaters	10%
Restaurants	17%
Any kind	3%
Library	7%
Parks	15%
Train/Bus Stations	21%
Public Buildings/CTA Stations	7%
Department Stores	3%

Their Social Relationships

Because homelessness is, in itself, socially deviant, the study attempted to determine something of the quality of the social relationships between homeless people and the communities in which they are located. Fifty-five percent of the respondents (N-52) reported that they get "hassled," or have their activities disrupted by someone. What was surprising was not that these disruptions happended, but rather who the disrupters are:

Other Street People	27%
Police	27%
Gangs	12%
Black People	6%
Homeowners/Businessmen	3%
Men/Street men	12%
Other	12%

Their Economic Relationships

Less than a third, 27.5%, report having any regular income, and all of those who do report some form of assistance.

SOURCE OF INCOME

General Assistance	50%
Supp. Sec. Ins.	21%
VA Disability	10%
AFDC	10%
Unemployment	5%
Enlisted service	5%

Almost double this number report various forms of occasional income; about 15% report having no income at all.

SOURCES OF OCCASIONAL INCOME

Day Labor	29%
Begging	23%
Illegal Activities and Prostitution	12%
Selling Newspapers	6%
Other	12%
Recycling	16%

It is difficult to envision any class of people who have no income, yet 15% of our respondents did not report any. This may be that any source of income must be regular to be considered income. It may also be that the sources are so deviant that our respondents did not want to divulge them. It mav also, possibly, be that some homeless people have found ways to survive without money.

Other responses are interesting as well. Anecdotal material from our interviewers leads us to believe that begging (panhandling, chumping for change) is viewed as more socially acceptable than prostitution or "Illegal Activities," which seems to be a euphemism for selling drugs or stolen goods. "Recycling" is also street jargon: it translates to garbage picking.

In addition, the relatively high percentage of those receving AFDC may be an aberration, since there is such a low percentage of women among the respondents. Again, however, during the informal chats with women, we were told that most of the women do have children, and, if separated from their children, that separation was relatively recent.

Institutionalization

Asked different ways on various forms of the questionnaire, only those answers given to the last form of the question are reported here (N=50). Sixty-three percent of the respondents reported having been in some kind of institution.

Probing revealed a fair degree of confusion about what kind of institution, but that confusion does contradict the findings of studies done in other cities (i.e. New York).

TYPES OF INSTITUTIONALIZATION

Jail	50%
Prison	16%
Mental Institutions	23%
Other	11%

One of the confusions is the difference between jail and prison. Probes which might explain the difference were used, but neither interviewers nor respondents seemed to know the difference and the information, consequently, is unreliable and unreportable. At least one response is reported as "Other" which might also be a mental institution. Someone reported having been in a VA hospital. Part of the probing of this issue was an attempt to determine the length of stay in the institution, but this data also is inconclusive and confusing.

Of those who were jailed, 87% responded that it was not because they did not have any place to go. This question was not asked of those who reported having been in mental institutions, but there is no reason to believe that the responses would be substantially different.

On the other hand, the maximum length of stay in one of the State Department of Mental Health Zone Centers, the time before there is either an involuntary permanent commitment to the Department or a voluntary one, is about three weeks. This may not be long enough for someone who is not on a release/admittance cycle to understand this period as institutionalization. It may, instead, be viewed in the same light as hospitalization, surgery, or physical illness.

History of Their Homelessness

An important question for which there are only partial answers is the question of when people became homeless. In its final version, this was asked of only 51 people. However, these answers further strengthen the understanding that these people have very fragile economic relationships.

LAST REGULAR RESIDENCE

Less than two months	37%
Two to six months	25%
Six to 12 months	10%
One to three years	12%
Three years +	16%
Can't remember	2%

The 28% of the respondents who have not had a regular place to stay for a year or more may be defining regular place to stay as a "home," that institution that implies family, possessions, and settledness. It is possible that even that group contains a good number of people who have been able to rent a hotel room or apartment for some period of time - probably several months or weeks - which we would call a "regular place to stay." On the other hand, it is also possible that many of the people - the 62% who last had a regular place to stay six months or less before we interviewed them - who seem to be relatively newly homeless have also been homeless in the past. That, in fact, these people define a regular place to stay as just that - and not as a home.

It is, nevertheless, apparent from this and other information in the survey that the kind of housing available to most of these people is, in itself, not the kind considered appropriate for stable, long-term residency.

This is further corroborated by answers to the question, "What happended?" Again, in the final version of the questionnaire, most people of whom this question was asked were willing to answer (N=50).

EVENT PRECIPITATING HOMELESSNESS

Eviction	32%
Didn't get along with others	32%
Released from Jail, Military	6%
Divorce	4%
Building burned or condemned	6%
Stranded while traveling	8%
Other	12%

For the most part, these answers support the information given as part of the screening for homelessness and on length of residence in Chicago. For instance, only 8% of the respondents were stranded while traveling through Chicago. In other words, most of the people who are homeless in Chicago are Chicagoans. Almost a third of the respondents lost their regular place to stay because they "didn't get along with other people," supporting the information provided when asked about family helping people out while they are homeless. The almost one-third of the respondents who were evicted from a place to live or stay strengthens the view of Chicago's homeless as people who have very tenuous economic relationships, whether with employers or landlords or merchants.

On the other hand, when asked how they came to be at the place where they where interviewed, respondents provided almost no insight. Many chose to ignore the questions entirely, other named specific social service agencies, a few mentioned speciific shelters.

Another question which evoked unclassifiable answers was an inquiry about how respondents spend their days or time. Most respondents ignored the question or gave unresponsive answers. Only two respondents described, in a coherent fashion, their specific activities. However, most (about 65%) mentioned walking or "moving" as the most frequent activity. The two respondents who described what they do with any specificity, one man and one women, both discussed the Public Library and its free programs, CTA trains and buses, as well as walking, seeking shelter and food, requesting assistance. Each of these activities were also mentioned by at least one other respondent, and the Public Library is mentioned by about 25% of them. Several mentioned reading, without specifying the source of the reading material. The most typical answer mentioned "hanging out", "look for work", "keep moving" and get money". In all, there were about 41 answers, from 13 respondents, that could be recorded at all.

When asked "What are your biggest problems without a place to stay?", interviewers received 88 responses from 53 respondents. The frequency of answers below is ranked by percentage of response.

RESPONDENTS BIGGEST PROBLEMS

Financial	23%
Emotional	20%
Shelter/Food/Clothing	15%
Other Street People	10%
Police	7%
Crime/no security	5%
No Problems	4%
General ("Everything", etc.)	3%
Weather	3%
Showers	3%
Substance Abuse	2%
Other	5%

Summary

It is abundantly clear that this pilot study has raised more questions about the phenomenon of homelessness than can be answered from the data. Some basic information, such as the demography of the homeless, is sketchy and, as stated earlier, not fully reliable. Nevertheless, some conclusions can be stated. The relatively easily identifiable homeless people who were interviewed are those people in our city with the least ability to develop and continue economically stable lives. They are, instead, those who supply the fodder for the day labor or daily pay agencies, jobs in which they are easily replaceable and dismissable. Though they are Chicagoans, many have little or no sense of community support or community boundaries. Nevertheless, they prefer neighborhoods to the Loop or the central business district.

It is also fairly clear from the data that Black homeless people feel comfortable in a wide range of neighborhoods - even some in which it would be higly unlikely for them to find housing. Hispanics, on the other hand, do not feel such comfort, not even in "transitional" or heterogeneous communities in which there are Hispanics residing.

Though most homeless people are alone, that is they are unmarried or partnered and they do not have children sharing in their homelessness, there are a significant - and, perhaps, rising - number of families who become homeless. Most of these families are single parents with young children, most usually a women parent. It also appears that these women do manage to have some financial support.

The precipitating events for homelessness are basically financial in nature with eviction given as the most frequent reason. However, and probably just as important, is "not getting along with others." Whether or not these are linked is not clear; it is possible that the number of evictions has to do with inability to cope with people in a work-place or in a residence; it could also be that the financial strains caused by being "last hired, first fired" are so great that financial status is at the root.

The most firm conclusion reachable is that the so-called "New Homeless" are not coping with their crisis in the ways this study's respondents do. The people in the survey are not the steel workers who earned nearly $20,000 a year, and whose houses have recently had mortgages foreclosed. The respondents are, instead, those who earned $120 a week as assemblers of plastic doo-dads, people whose jobs have disappeared or more probably been taken by the out-of-work auto and steel workers.

Crime, safety and security are major issues for a large number of homeless people. For men, crime may be a way of life, (considering the number of respondents having spent time in jail, 67% of which for reasons unrelated to homelessness). For women, many experience problems as unreported and unseen victims. While it is unclear what the rate of victimization is, the reticence of women, the number of women expressing great fear of men in general and homeless men in particular, gives us some hints that crime, particularly sexual, is very high among respondents.

Further, there appears to be very little social control exercised by the community in general with regard to the respondents. Occasionally bothered by homeowners and business people, it appears that the most common response to homeless people is to invoke the formal justice system, to call the police.

While a few respondents claim that they look for work, most seem to spend their time protecting themselves and their few belongings. Their most frequent responses to how they spend their time is "keep moving." Some also spend a great deal of the time not spent in seeking shelter in libraries reading, participating in free concerts and movies, being safe. Another significant number report that a great deal of their time is spent in panhandling or "chumping change."

Matters which seem routine to most of us, keeping bodies and clothes clean, medical care, eating, are difficult issues for respondents. Some of these, particularly the ways in which they care for themselves, are of such crucial importance that respondents were reluctant to divulge the ways in which they managed. And, of those who did, the answers must be treated as somewhat unreliable, since interviewers described many of the people as dirty, with dirty clothes, while respondents replied that they had little difficulty in providing for themselves. In addition, the tendency or desire to seem as "normal" as possible may have distorted some of the information on these issues, since many more people reported paying for clothes and food and medical care than would appear able from questions about income.

None of the people interviewed reported having education or skills which would enable them to settle into a profession. The so-called "Professor" of Skid Row, the man who had enormous talent and skill, but lost status through alcohol or drug abuse, is a myth as prevalent as the "whore with a heart of gold." Instead, it was found that there are men and women who view their bodies as economic commodities, to be traded for cigarettes and safety. While very few respondents reported that they earned "an income" from prostitution, the number of them who mentioned sex and money as interchangeable was significant. For many women, it was fear of this exchange more than actual transactions that was discussed.

The development of shelters for homeless people, whether emergency shelters or long-term facilities, does not seem to be related to the phenomenon of homelessness. In this examination of communities for homeless people, respondents were found in locations where there are no shelters, or other facilities to care for them. In particular, the argument being offered by community activists in many locations, that the development of services attracts clients, seems not to hold true. If this were so, it would not have been possible to interview homeless people in at least three of the dozen communities, and perhaps more.

It is also clear that, while the phenonmenon of "New Homelessness" may have affected some cities and communities very deeply, the more obvious problem in Chicago is with job displacement as it effects those at the lowest end of the economic spectrum. These are the people who were interviewed. It is these people who are likely to be homeless. It is these people for whom there are few, if any, provisions under our current "safety net."

From the study, it can be said that homeless people in Chicago perceive themselves as ordinary folk, down on their luck. It is suspected, however, that these are people whose productive economic roles are the most fragile and least secure of all in our society. While most, if not all, of their descriptions of themselves and their coping mechanisms describe what actually happens to some homeless people, much of it is also response to what they perceive as a "regular" life. It appears that these are people for whom physical survival is always an issue, not just in the periods when they have no place to stay. A candy bar or a bottle of wine or some marijuana or a tobacco cigarette is a luxury to be indulged as often as possible, since it may not be available again.

CITY OF CHICAGO POLICE DEPARTMENT - SURVEY OF INDIGENT PERSONS BY POLICE DISTRICTS - JULY 21, 1983 - AUGUST 17, 1983

During the period July 21, 1983 through August 17, 1983 the Patrol Division of the Chicago Police Department surveyed 25 police districts regarding the referral of indigent persons requiring their attention. Following are the characteristics of the indigent persons for which the Patrol Division developed a referral log entry.

A total of 68 referral log entries were completed for indigent persons who were without funds and in need of shelter. The 68 referrals represented 62 persons; this includes five repeaters, one of whom came in three times. Of the 62 persons, 36 or 58.1% were male and 26 or 41.9% were female. Regarding race/ethnicity, the majority (28 or 45.2%) were white. Twenty-six (26) or 41.9% were Black, 7 or 11.3% were Spanish and 1 or 1.6% was not identified.

The majority (26 or 41.9%) of the persons were between the ages of 22 and 54 years old, 12 or 19.3% were 22 to 29 years old and 14 or 22.6% from 30 to 54 years old. The ages with the highest frequency were 18, 22 and 33 each with 4 persons. These were followed by 20, 27, 57, and 63 each with three persons.

The Police Area (see map for description of areas)that reported the highest number of indigent persons was Area 6 with 28 or 45.2% of the persons. Area 1 followed with 25 or 40.3% of the persons. Area 5 accounted for 6 or 9.7%; Area 3 with 2 or 3.2%; and Area 2 with 1 or 1.6%. There were no referrals of indigent persons recorded in Area 4.

The District with the highest number (18 or 29%) was in the 1st Central District in Area 1. Of the 25 Police Districts, 11 reported no referrals.

Of the 68 referrals, 31 or 45.6% were walk-in and 32 or 47.0% were street pick-ups. Five or 7.4% were unknown. The majority (77.9%) of the time the condition of the indigent person was sober. Only 17.7% were drinking. No information was given for 3 or 4.4% of the remaining referrals.

The agency that the Patrol Division used the most was the Department of Human Services (DHS) representing 47.0% of the referrals, which in turn referred indigent persons to other agencies like: the Pacific Garden Mission; the Salvation Army Lodge; or the SOUSA Shelter. The first central district in Area 1 sheltered all 18 indigent persons in the police lock-up. The 18 persons constituted 23 referrals.

Five (5) families with children under 12 years of age were in need of shelter. One of them was a family of nine whose house burned. The DHS transported them to the Salvation Army Lodge. On two occasions, the Police reported that the persons were rejected by the Pacific Garden Mission and by the Salvation Army because their facilities were full.

The reasons for homelessness in the majority (48 or 70.6%) of the cases is unknown. In those known, the majority reported that they were destitute, had no resources, or no place to stay.

In addition to the above information, the Patrol Division indicated "that during the period of July 21 through and including August 17, 1983, a total of 181 males were taken into custody and sheltered overnight in the men's lock-up at 1121 South State Street. In general, these persons were found sleeping on the street, in doorways, or in public buildings. These people classified as "indigent" were kept in the police facility because the social service facilities were filled or because they did not fit the requirements of the facilities. The records that contain information on these persons are now on file in the First District."[12]

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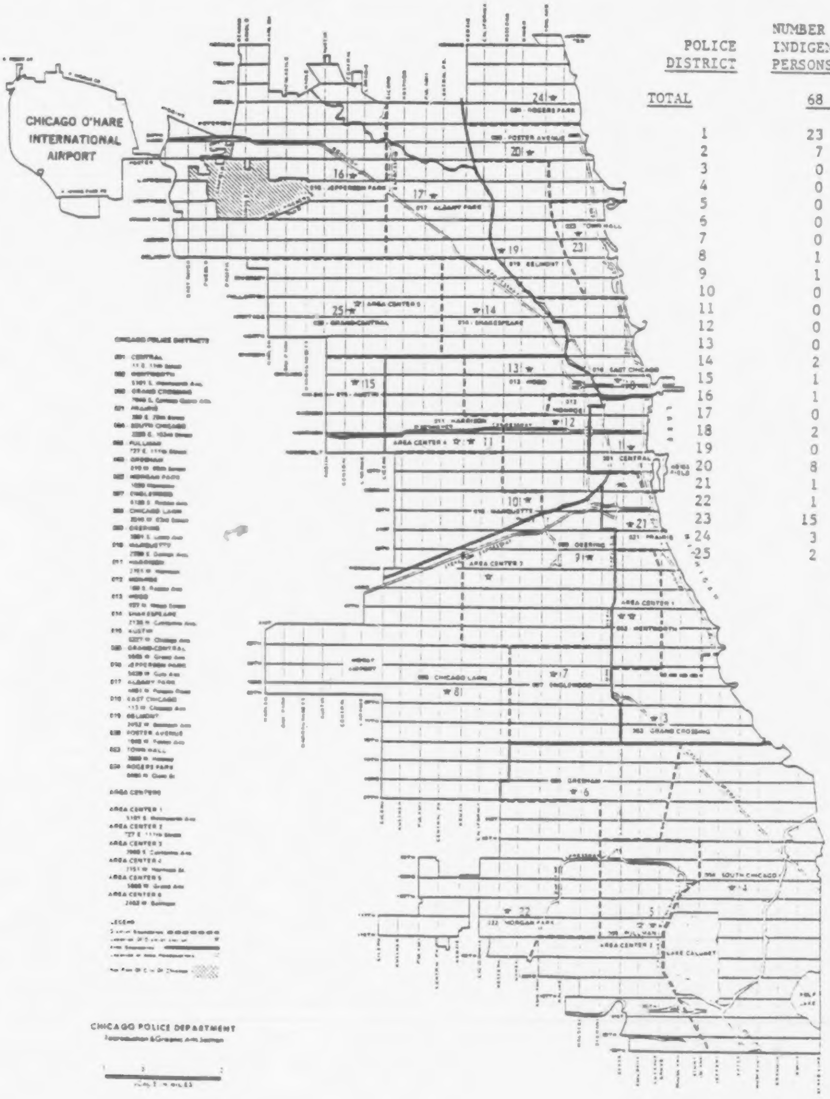
[12] City of Chicago Police Department - Patrol Division, "Survey of Indigent Persons"; August, 1983.

SOCIAL SERVICES TASK FORCE
CITY OF CHICAGO
POLICE DEPARTMENT-SURVEY
OF INDIGENT PERSONS BY
POLICE DISTRICTS
July 21, 1983-
August 17, 1983

CITY-WIDE DISTRICT & AREA MAP



POLICE DISTRICT	NUMBER OF INDIGENT PERSONS
TOTAL	68
1	23
2	7
3	0
4	0
5	0
6	0
7	0
8	1
9	1
10	0
11	0
12	0
13	0
14	2
15	1
16	1
17	0
18	2
19	0
20	8
21	1
22	1
23	15
24	3
25	2

OFFICE FOR SENIOR CITIZENS AND HANDICAPPED - EMERGENCY SHELTER PROGRAM - FY '81, 82 AND 83

During the years 1981-83, the City of Chicago's Office for Senior Citizens and Handicapped (OSCH) provided services to 233 clients through its Emergency Shelter Program via a contract with the Department of Human Services.

In order to receive OSCH services an individual must be a city resident, 60 years or older, and will only receive shelter services once per year unless exceptional circumstances prevail.

Following are some characteristics of the 233 clients[13] in the OSCH service areas concerning Poverty, Minority Group, Age, and Living Arrangements of the clients.

OSCH divides the City into five (5) service areas (see attached map). Central West accounted for 128 of the clients or 54.9%. This area assisted the majority of clients. This was followed by the Northeast Area with 71 clients or 30.5%. The remaining three (3) areas served 34 or 14.6% of the clients (Southeast 16 or 6.9%, Northwest 14 or 6.0% and Southwest with 4 or 1.7%).

Poverty

Out of the 233 clients 162 or 69.5% lived in poverty areas and 67 or 28.8% lived in non-poverty areas. No information was given for 4 or 1.7% of the clients. The majority (91 or 56.2%) of those living in poverty areas resided in the Central West Area. This was followed by the Northeast Area with 43 or 26.5% of the clients.

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[3] The percentage distribution from the Osch report of 167 clients was applied to the total 233 clients actually served, consequently generating new numbers with the same percentage.

Minority Group Status

One hundred and twenty-seven (127) or 54.7% of the clients represented minority groups[14] and 106 or 45.5% were not from minority groups. The largest (97 or 76.4%) number of minority clients were from the Central West Area. This was followed by the Southeast Area with 16 or 12.6%. This is 100% of all their clients. The area with the largest (61 or 57.6%) number of non-minority clients was the Northeast.

Age

The majority (105 or 45.1%) of the clients were 65-74 years old. The 75 years old and over age group accounted for 75 or 32.2% of the clients. The 60-64 years old age group was comprised of only 45 people or 19.3% of the clients. The majority (56.2%) of the clients in the Southeast Area were 75 years old and over. In all the other areas, the majority of the clients were from the 65-74 age group.

Living Arrangements

Of the 233 clients, 118 or 50.6% were living alone and 112 or 48.1% were living with relatives or other persons. No information was provided for 3 or 1.3% of the clients.

Of the 118 clients living alone the majority (72 or 61.0%) were from the Central West Area. In contrast, of the 112 clients not living alone the majority (56 or 50%) were also from the Central West Area. No information was given regarding the remaining three (3) clients.

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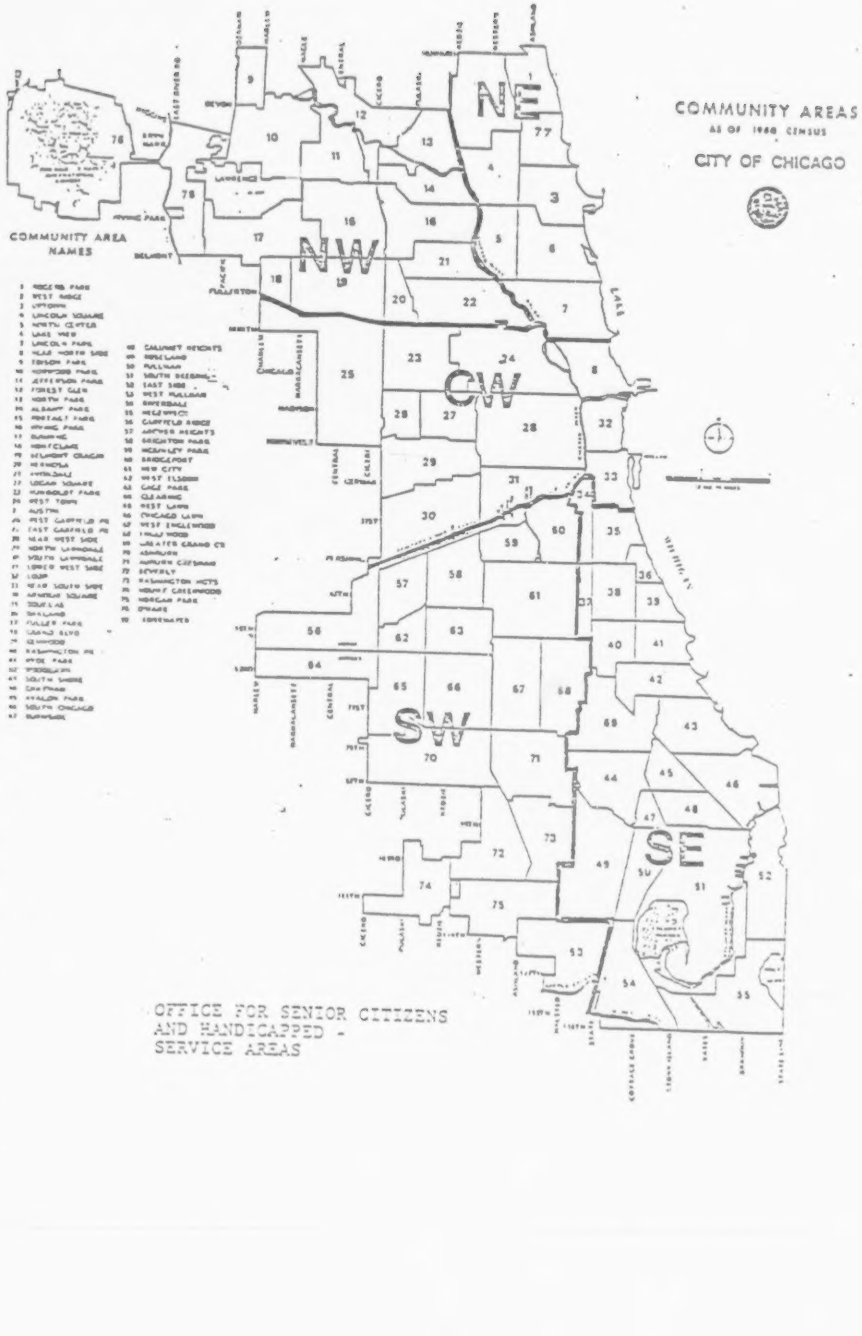
[14] Ethnicity was not indicated in the source document. Source: City of Chicago, Office for Senior Citizens and Handicapped, as of April 30, 1983.



OFFICE FOR SENIOR CITIZENS
AND HANDICAPPED -
SERVICE AREAS

TABLE 1

SOCIAL SERVICES TASK FORCE
OFFICE FOR SENIOR CITIZENS AND HANDICAPPED
EMERGENCY SHELTER CLIENTS
FY 81, 82 AND 83

1-A TABLE OF POVERTY BY SERVICE AREA

SERVICE AREA

	GRAND TOTAL		NORTHEAST		SOUTHEAST		NORTHWEST		CENTRAL-WEST		SOUTHWEST	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	233	100.0	71	100.0	16	100.0	14	100.0	128	100.0	4	100.0
POVERTY	162	69.5	43	60.6	13	81.2	11	78.6	91	71.1	4	100.0
NON POVERTY	67	28.8	25	35.2	3	18.8	3	21.4	36	28.1	0	0.0
NO INFORMATION	4	1.7	3	4.2	0	0.0	0	0.0	1	0.8	0	0.0

11-B TABLE OF SERVICE AREA BY POVERTY

SERVICE AREA	GRAND TOTAL		POVERTY		NON POVERTY		NO INFORMATION	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	233	100.0	162	100.0	67	100.0	4	100.0
CENTRAL-WEST	128	54.9	91	56.2	36	57.7	1	25.0
NORTHEAST	71	30.5	43	26.5	25	37.3	3	75.0
SOUTHEAST	16	6.9	13	3.0	3	4.5	0	0.0
NORTHWEST	14	6.0	11	6.8	3	4.5	0	0.0
SOUTHWEST	4	1.7	4	2.5	0	0.0	0	0.0

SOURCE: CITY OF CHICAGO OFFICE FOR SENIOR CITIZENS AND HANDICAPPED--JULY,1983

TABLE 2

SOCIAL SERVICES TASK FORCE
OFFICE FOR SENIOR CITIZENS AND HANDICAPPED
EMERGENCY SHELTER CLIENTS
FY 81, 82 AND 83

*

II-A TABLE OF MINORITY BY SERVICE AREA

SERVICE AREA

	GRAND TOTAL		NORTHEAST		SOUTHEAST		NORTHWEST		CENTRAL-WEST		SOUTHWEST	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	233	100.0	71	100.0	16	100.0	14	100.0	128	100.0	4	100.0
MINORITY	127	54.5	10	14.1	16	100.0	1	7.1	97	75.8	3	75.0
NON MINORITY	106	45.5	61	85.9	0	0.0	13	92.9	31	24.2	1	25.0

II-B TABLE OF SERVICE AREA BY MINORITY

SERVICE AREA	GRAND TOTAL		MINORITY		NON MINORITY	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	233	100.0	127	100.0	106	100.0
CENTRAL-WEST	128	54.9	97	76.4	31	29.2
NORTHEAST	71	30.5	10	7.8	61	57.6
SOUTHEAST	16	6.9	16	12.6	0	0.0
NORTHWEST	14	6.0	1	0.8	13	12.3
SOUTHWEST	4	1.7	3	2.4	1	0.9

SOURCE: CITY OF CHICAGO OFFICE FOR SENIOR CITIZENS AND HANDICAPPED--JULY,1983

TABLE 3

SOCIAL SERVICES TASK FORCE
OFFICE FOR SENIOR CITIZENS AND HANDICAPPED
EMERGENCY SHELTER CLIENTS
FY 81, 82 AND 83

I-A. TABLE OF AGE BY SERVICE AREA

SERVICE AREA

AGES	GRAND TOTAL		NORTHEAST		SOUTHEAST		NORTHWEST		CENTRAL-WEST		SOUTHWEST	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	233	100.0	71	100.0	16	100.0	14	100.0	128	100.0	4	100.0
1-59	5	2.1	3	4.2	0	0.0	0	0.0	1	0.8	1	25.0
60-64	45	19.3	10	14.1	1	6.3	3	21.4	31	24.2	0	0.0
65-74	105	45.1	33	46.5	6	37.5	7	50.0	56	43.8	3	75.0
75 AND OVER	75	32.2	22	31.0	9	56.2	4	28.6	40	31.2	0	0.0
NO INFORMATION	3	1.3	3	4.2	0	0.0	0	0.0	0	0.0	0	0.0

II-B. TABLE OF SERVICE AREA BY AGE

AGES

SERVICE AREA	GRAND TOTAL		1 - 59		60 - 64		65 - 74		75 AND OVER		NO INFORMATION	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	233	100.0	5	100.0	45	100.0	105	100.0	75	100.0	3	100.0
CENTRAL-WEST	128	54.9	1	20.0	31	68.9	56	53.3	40	53.3	0	0.0
NORTHEAST	71	30.5	3	60.0	10	22.2	33	31.4	22	29.3	3	100.0
SOUTHEAST	16	6.9	0	0.0	1	2.2	6	5.7	9	12.0	0	0.0
NORTHWEST	14	6.0	0	0.0	3	6.7	7	6.7	4	5.3	0	0.0
SOUTHWEST	4	1.7	1	20.0	0	0.0	3	2.9	0	0.0	0	0.0

SOURCE: CITY OF CHICAGO OFFICE FOR SENIOR CITIZENS AND HANDICAPPED--JULY,1983

TABLE 4

SOCIAL SERVICES TASK FORCE
OFFICE FOR SENIOR CITIZENS AND HANDICAPPED
EMERGENCY SHELTER CLIENTS
FY 81, 82 AND 83

I-A. TABLE OF LIVING ARRANGEMENTS BY SERVICE AREA

SERVICE AREA

	GRAND TOTAL		NORTHEAST		SOUTHEAST		NORTHWEST		CENTRAL-WEST		SOUTHWEST	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	233	100.0	71	100.0	16	100.0	14	100.0	128	100.0	4	100.0
LIVING ALONE	118	50.6	26	36.6	6	37.5	11	78.6	72	56.2	3	75.0
NOT LIVING ALONE	112	48.1	42	59.2	10	62.5	3	21.4	56	43.8	1	25.0
NO INFORMATION	3	1.3	3	4.2	0	0.0	0	0.0	0	0.0	0	0.0

II-B. TABLE OF SERVICE AREA BY LIVING ARRANGEMENTS

SERVICE AREA	GRAND TOTAL		LIVING ALONE		NOT LIVING ALONE		NO INFORMATION	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	233	100.0	118	100.0	112	100.0	3	100.0
CENTRAL-WEST	128	54.9	72	61.0	56	50.0	0	0.0
NORTHEAST	71	30.5	26	22.0	42	37.5	3	100.0
SOUTHEAST	16	6.9	6	5.1	10	8.9	0	0.0
NORTHWEST	14	6.0	11	9.3	3	2.7	0	0.0
SOUTHWEST	4	1.7	3	2.5	1	0.9	0	0.0

SOURCE: CITY OF OAKLAND OFFICE FOR SENIOR CITIZENS AND HANDICAPPED--JULY, 1983

CHICAGO CHRISTIAN INDUSTRIAL LEAGUE - YOUTHS WITHOUT HOMES: A CHICAGO FIELD EXPLORATION

Earlier this year the Chicago Christian Industrial League commissioned Ronald Vander Kooi, Ph.D. to carry out an exploratory field study of homeless youth. The study was supported by the Chicago Community Trust.

One hundred and sixty-two (162) homeless young people were interviewed on the streets of Chicago. Interviewers used a short, structured questionnaire.

The results reported below are excerpted from an unpublished report on the project.

- The situation of homeless youths in Illinois and particularly in the Chicago areas (as well as other major cities) is particularly hard, given that they live in a "no man's land," being neither children nor adults. At the same time they face a variety of family problems which bring them into a grossly inadequate, underfunded network of social agencies working under the framework of arbitrary laws and policies.

- Some of these youths are really children, and most are victims of substandard homes, and inadequate schools, and other institutions. Most of those who are beyond the "tender years" (1-11) "learned the ropes" enough to survive--although in inadequate ways that hurt them in the short and long run.

- While the newsboys (and girls) and other street youth in Chicago today are not usually fully homeless, they do tend to come from the lowest economic status urban families where father and discipline are often missing. They spend many hours downtown or on other streets where they are easily caught up in theft and violence and are often themselves victims of violence and sexual exploitation. They spend much of the money they gain on snacks and in game rooms. They are seen moving about day and night on the Chicago Transit Authority. They have homes of some sort to which to return, but they are also growing away from these homes and whatever community support there is.

- Those youths who are fully homeless tend to be older, and they live rather entirely in a distinct street culture that includes various sub-groupings. They are more socially heterogeneous than those described above, who are mostly Black, though most of these too come from working and lower class backgrounds. They have experienced a variety of family disruptions (which will be further discussed later on) which brought them into various non-family situations.

- Many or most of them were made "wards of the state" assuring them some experience in detention, in foster homes, and in a life of poor state supervision on the streets. They often become labelled as "runners," following a learned behavior of fleeing from dissatisfactions and from one inadequate situation to another. When the state becomes a parent, there is a near guarantee of continued problems and neglect. The state is required to handle a great number of children with inadequate facilities and staff. There are continual pressures in society to neglect and even hide the problem since the issue of children on the street is extremely sensitive.

- Many, and some have told us, that nearly all homeless youth will be led into crime and especially sexual deviation. Specifically, prostitution for females and homosexuality for males. Some were already exposed to these, including incest, in their family backgrounds. Many more soon learned that they, as youths, are desireable partners, and that sex is their most saleable product. Some of them find themselves for the first time in the unique position of being wanted.

- Drugs are much a part of the street scene. Alcohol is available and commonly used, but a great deal of experimentation with other drugs and endless combinations also occurs. Pot and cigarettes add to the destructiveness of this youth culture. These are simply natural results of a social system that puts an unhealthy emphasis on drugs (especially alcohol which surveys show increasingly outweighs other drugs in teenage abuse) and sexuality.

- Results from the study show that almost half had been gone from home for two years or more. Given their youth, it is not surprising that 40% had been "on their own" for less than two years, and 53% had been gone for less than 3 years. These certainly have the best chance of returning to their homes or at least getting off the streets. But even these, once they have experienced the problems of homelessness and entered the street culture have little chance for any normal life. The median time gone from home was just less than three years. Thirty-nine percent had been out for from 3 to 7 years. For these and those who had been gone even longer, the greatest need seems to be in helping them into independent, but healthy adult living.

- Respondents were asked, "Where do you stay now, or where did you stay last night?" Very few had no place or slept outside, but many, if not most, had inappropriate places. The greatest number, though not a majority, claimed to be staying with friends, including at least 10% with a friend or lover of the opposite sex. Some indicated an unhealthy situation, as with a homosexual or pimp. A small proportion were staying with some close kin, usually a sibling, and a similar number were in shelters or group homes.

- Sizable minorities were in their "own places, though these too might have had friends with them, in rooming houses or hotels; and a similar proportion had no definite place.

- Since these youths were not living in traditional homes, they were next asked, "Why do you stay there rather than with your parents?" We obtained a surprisingly wide range of response that also opens up the boundaries of thinking about homeless youths. In the first category, there were several who simply stated that they were "wards of the State." Others went into the specific familial reasons for being on the streets.

- The rest of the responses tended to range from statements of specific problems and abuses, to misunderstandings, personal decisions, and a desire for freedom. For all of these it must be understood that there were much more traumatic histories which resulted in a long-term loss of home rather than a whimisical experiment in street living, and there were many regrets expressed by the respondents.

- There is a turning point in life when a person leaves home. This is a tragic time in youthful lives brought on by long-term problems and perhaps some traumatic event. Researchers tried to discover whether there was any event in the respondents' lives which, if changed, might have made life better and prevented them from leaving. Again we obtained a great variety of responses ranging from very general ones, often reflecting long-term conflict, to more specific behavioral patterns which were also reflective of long-term problems. The departure of these youths could rarely have been averted without extensive family treatment and behavioral changes.

- In response to the question, "Is there any important thing you would have liked your parents or an agency to have done differently?", most persons pointed to specific family situations or problems which they wished could have been changed or avoided.

- Almost three-quarters of the responses pointed to family situations. These ranged from a general need for more love, understanding or simply listening, to significant conflicts and deviance of the parents, to specific acts towards the respondents and dissolution of the family. Requests directed to the State and its agencies were generally for more help, more quickly delivered.

D. RESOURCES[15]

Resources to deal with the problem of the homeless are limited and include:

1. Funding for Renovation, Personnel
2. Appropriate Sites for Shelters
3. Increased Volunteers to Assist in Staffing Shelters

Funding

Funding from the City of Chicago in 1983 totals $1,129,000. This includes:

$ 707,000	Community Development Funds
$ 365,000	Corporate Budget
$ 57,000	Older Americans Act

The funds are allocated as follows:

Community Development:

Rehabilitation of Shelter Sites	$250,000
Shelter Operation	$200,000
Battered Women Shelter	$257,000

Corporate Funds:

Shelter (Sousa)	$200,000
Voucher Payment, Emergency Shelter	$165,000

Older Americans:

Shelter for Seniors	$ 57,000

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[15] SOURCE: Office of Budget and Management/City of Chicago. Department of Human Services/City of Chicago, Office for Senior Citizens and Handicapped/City of Chicago.

Additional Funding Includes:

Local FEMA Allocation for the City of Chicago	$150,000

Expenditures for shelter group care provided by United Way agencies is in the process of being updated.

The following 1981 data is presented as an estimate of these resources.

United Way

Ex-Offender	$1,652,806
Group Care, Alcoholics, Drug Abuse	$3,035,360
TOTAL	$4,688,166

In addition, the Illinois Department of Mental Health and Developmental Disabilities allocates funds for a variety of "sheltered" housing services:

Illinois Department of Mental Health and Development Disabilities:

Alcoholism Half-Way House Program	923,965	18.3%
Small Group Home, Adults,	283,454	5.6%
Half-Way House	12,451	0.2%
Supported Living Arrangements (SLA)	190,299	3.8%
Community Living Facility (CLF)	686,387	13.5%
Individual/Shared Apt.	130,904	2.6%
Independent Living Arrangement (ILA)	145,225	2.9%
Emergency Programs	2,688,282	53.1%
	TOTAL	$5,060,967

In 1981, the United Way, and the Illinois Department of Mental Health spent a total of $9,749,133 in Chicago for shelter for persons with problems of mental illness; alcoholism and for ex-offenders. Additional data is needed regarding State of Illinois expenditures. Data for FY 1983 is also needed to compare changes in the availability of resources.

Expenditures of the Office for Senior Citizens and Handicapped for 1981-83 are shown on the table on the next page.

VIII. ZONING, BUILDING AND SHELTER STANDARDS

A committee of the Task Force was formed to examine the range of issues related to standards for shelter operation which would insure that shelter guests be treated with dignity, provided a sanitary, healthy and safe environment, and take into account the varying types and sizes of shelter program operations.

Existing standards from other cities, as well as organizations involved with the provisions of shelter services, were compiled and reviewed. The City of Chicago Building and Zoning Codes were also reviewed for provisions relating to fire, health and safety standards for shelter buildings.

The results of this review indicated that there are currently no uniform agreed-upon standards governing the operation of shelter facilities. In addition, there are no direct provisions in the current city building and zoning codes governing the operation of shelters for the homeless.

Following this review, the committee began to identify the basic elements which any standards should contain, and developed the following proposed operational standards for shelters. The Task Force is recommending that these standards be incorporated into the existing zoning and building codes to assure the safety and welfare of guests in all shelter facilities. To achieve this goal, current building and zoning code provisions should be suspended for a one-year period pending revision of the codes to create sections specifically regulating emergency shelters, and to allow for the implementation of the new standards for shelter operation.[16] During the interim period, all shelters should be required to meet the minimum health, safety and operational standards.

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[16] The City of Minneapolis, Minnesota, used this approach. Copies of Minneapolis City Council resolutions and their application for a special permit may be found in the Appendix.

SOCIAL SERVICES TASK FORCE
OFFICE FOR SENIOR CITIZENS AND HANDICAPPED
ALLOCATIONS AND EXPENDITURES FOR
EMERGENCY SHELTER CLIENTS FY '81, 82 AND 83

				1981 - 1982 CHANGE		1982 - 1983 CHANGE	
	1981	1982	1983	NET	PERCENT	NET	PERCENT
ALLOCATED	$33,000.00	$33,000.00	$58,000.00	---	---	+25,000.00	+75.8
ACTUAL	18,946.00	32,376.91	19,331.56*	+13,430.31	+70.9	---	---
DIFFERENCE	+14,054.00	+ 623.09	---	---	---	---	---
AVERAGE EXPENDITURE PER MONTH	1,578.83	2,698.08	2,761.65	1,119.25	+70.9	+63.57	+2.4

SOURCE: CITY OF CHICAGO OFFICE FOR SENIOR CITIZENS AND HANDICAPPED

* AS OF APRIL 30, 1983 (FOR SEVEN MONTHS OF FY '83)

In 1981 and 1982, the City of Chicago, Office for Senior Citizens and Handicapped allocated $33,000 each year for services for the Emergency Shelter clients. The actual expenditures for 1981 were $18,946 leaving a surplus of $14,054 at the end of the year. The expenditures for 1982 were $32,376.91 leaving a surplus of $623.09 at the end of the year. There was an increase of $13,430.31 or 70.9 percent for the expenditures from 1981 to 1982. The average monthly expenditures for 1981 was $1,578.83 and for 1982, $2,698.08. This represents an increase of $1,119.25 or 70.9 percent from 1981 to 1982.

Fifty-eight thousand dollars ($58,000) was allocated for Emergency Shelter clients during 1983. This represents an increase of $25,000 or 75.8 percent from 1982 to 1983. As of April 30, 1983, $19,331.56 has been spent for this program. The average monthly expenditure for seven months of FY '83 is $2,761.65, which indicates an increase of $63.57 or 2.4 percent from 1982 to 1983.

A. OPERATIONAL STANDARDS FOR SHELTERS

The following major principles should govern shelter operation:

1. Shelters should be operated in a manner which insures that all guests are treated with dignity, and provided a sanitary, healthy, and safe environment.

2. Shelters should be neighborhood-based. The main group of people to be served should be from the surrounding community. In addition, the group operating the shelter should be based in the community.

3. Shelters should be limited in size if possible. If there is a great need, then several sites should be considered. It is not desirable to have shelters where capacity is over 60 in one site. However, this goal has to be weighed against the need.

4. The board that governs the shelter should be reflective of groups and persons interested in shelter and the community where possible. For example, supportive community activists, religious groups, churches, business people and homeowners.

5. Shelters should operate with a minimum of bureaucratic procedures.

6. Shelters must be linked in some way with other services (food, day care, medical, counseling, clothing). If the community has many services, a system of referral and information sharing must be created. If essential services are not available, the shelter may have to provide them (soup kitchen, clothing, pantry, drop-in center, etc.).

B. PROPOSED STANDARDS FOR OVERNIGHT SHELTERS[17]

1. Building Standards - Location of the shelter(s) should be in buildings that meet minimum fire, health and safety standards as defined by the proposed "Environmental Standards" which may be found in the next section of the report.

   - Open and easy access for entrance and exit
   - Diagram with exit routes posted in visible location
   - Shelters with capacity of 30 or more must have access to a shower
   - Seperate sleeping areas for men, women, and families
   - Separated and supervised smoking area; no smoking in sleeping area
   - Maintained in a clean and sanitary manner

2. Staffing Standards - In shelters with a capacity of 100 or less, there must be a minimum of one trained staff person per 20 people on duty. In shelters with more than 100 guests, a minimum of six trained staff on duty during operating hours.

   - At least one staff member must be awake at all times during hours of shelter operation
   - Shelter shall have a staff manual identifying established procedures for evacuation and medical emergencies
   - All staff will be trained in the prescribed emergency evacuation and medical procedures
   - Staff will be responsible for referrals and security of persons and the building

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[17] Additional illustrations of standards may be found in the Appendix.

Based on a thorough review of the current zoning and building codes, and available alternatives, the Task Force developed the following report and recommendations.

Format: Section A - Rationale and Recommendations

Section B - Definitions of "Transitional" and "Overnight" Shelters

- Proposed Building Code Revisions for Transitional Shelters
- Proposed "Environment Standards" (related to the current building code) for overnight shelters

Section C - Proposed changes in the Zoning Code for Transitional and Overnight Shelters

SECTION A

RATIONALE

1. An emergency shortage of low income housing and the incidence of homeless people in the City of Chicago continues to increase.
2. The onset of winter makes it difficult to survive in this city without a warm shelter in which to sleep.
3. Many churches and not-for-profit community organizations have offered to provide temporary shelter to homeless people.
4. No adequate alternative is immediately available.

RECOMMENDATIONS

1. Amend existing building and zoning codes in the City of Chicago to make legal provision for Residential Shelter Homes (Transitional Shelters), defined below.

2. Amend the Chicago Zoning Ordinance to make legal provision for Temporary Overnight Shelters, as defined below.

3. Suspend enforcement of existing building code provisions, and zoning regulations if necessary, on an experimental one-year basis, for Temporary Overnight Shelters. Enforce substitute Environmental Standards for Temporary Shelters outlined below.

4. Enact a procedure to administer these Environmental Standards. This procedure may emulate the licensing procedure for Day Care Centers in Chicago. An application to operate such a Temporary Shelter would be sumitted to the City of Chicago (e.g. Department of Human Services) with a plan of the proposed facility to be reviewed by an architect in the employ of the City. An inspection of the site would be undertaken by an inspection Task Force, to include representatives of the Bureau of Fire Prevention, Department of Inspectional Services, Department of Housing and Department of Health if scheduled meals are to be served on the premises.

5. For shelters that are in operation before the effective date of the implementation of the Standards, a six-month period shall be granted to allow upgrading of existing facilities to conform to these Standards.

SECTION B

RESIDENTIAL SHELTER HOME (TRANSITIONAL SHELTER)

1. Definition: A Residential Shelter Home (Transitional Shelter): A private boarding home, institution, building, residence, or other place occupied not for profit, which through its ownership

or management provides temporary residence not to exceed 120 consecutive days, but no medical or health-related care on the premises, to three or more persons who are not related to the applicants or owner by blood or marriage.

2. Zoning: For purposes of administering Chapter 194A of the Municipal Code of Chicago, the Chicago Zoning Ordinance, a Residential Shelter Home shall be a Permitted Use in areas designated R-3 and higher, and wherever else Lodging Rooms are permitted. No separate "Innkeeper's Apartment" shall be required. However, all other regulations that apply to Lodging Rooms shall apply to this use.

3. Building Code: For purposes of administering the Chicago Building Code, a Residential Shelter Home shall be classified as Class A-2, Multiple Dwellings, and shall be included among those occupancies listed in Section 48-2.2 of the Code. Regulations and requirements applicable to this use shall be only those regulations and requirements that apply to Rooming Houses or Lodging Houses.

TEMPORARY OVERNIGHT SHELTER

1. Definition: A Temporary Overnight Shelter: A building or part thereof occupied not for profit, which through its ownership or management provides sleeping accommodations for a period of time not to exceed 12 hours every 24 hours to three or more persons who are not related to the applicants or owner by blood or marriage.

2. The following standards shall apply to Temporary Overnight Shelters:

ENVIRONMENTAL STANDARDS FOR TEMPORARY OVERNIGHT SHELTERS

1. A Temporary Overnight Shelter shall be considered a Permitted Use in areas designated R-4 and higher, and all Business, Manufacturing and Commercial Districts.

2. No Temporary Overnight Shelter shall be permitted in a Type IV, wood frame building.

3. Maximum permitted occupancy shall be determined on the basis of allowing 45 to 50 square feet per occupant, including staff and registered guests. In situations of high need (extreme weather or emergency) a 20% overage of maximum capacity will be allowed.

4. To determine required separation from other occupancies in a building of mixed occupancy, a Temporary Overnight Shelter shall be classified as C-2, Small Assembly. (Section 48-12.5) except that openings in such separations shall be protected by Class "B" label doors, frames and closers.

5. The facility shall be maintained in a good state of repair and sanitation at all times.

6. Smoke detectors of a type approved by the Chicago Building Code shall be located in each sleeping area, in corridors at a minimum 40 feet on center, at the ceiling of each stairwell and open shaft, and in each room used for active or inactive storage.

7. A Class I fire alarm system shall be required in all shelters with more than forty occupants. The fire system shall be supervised by a central station service (Chapter 91 - Building Code).

8. An automatic sprinkler system conforming to the requirements of Chapter 91 of the Chicago Building Code shall be required in all buildings of Type III construction greater than two stories in height used as a Temporary Overnight Shelter.

9. Fire separations as required in Chapter 62 of the Code shall be required throughout the area designated Temporary Overnight Shelter. The standards specific to C-2, Small Assembly, shall apply.

10. There shall not be less than two exits from every building, floor, space, or room used as sleeping accommodations in a Temporary Overnight Shelter. Exit requirements as contained in Chapter 67 of the Chicago Code shall apply.

11. Illuminated exit and directional signs in conformace with Section 67-18.2 through 67-18.5 of the Chicago Code shall be located to mark all ways of egress.

12. Emergency lighting in accordance with the requirements of Chapter 88 of the Code shall be provided. A system 2 shall be required. (Sec. 88-700.5)

13. Fire extinguishers which meet National Fire Prevention Association standards and which are appropriate for the type of fire which may occur at the site of the facility shall be:

    a. placed at accessible location on each floor

    b. wall hung, and

    c. properly charged and checked.

14. Electrical wring and equipment shall be maintained and protected to prevent it from becoming a fire hazard or a source of ignition for combustible materials.

15. Plumbing fixtures shall be provided in accordance with the requirements of Section 82-153 of the Chicago Code, except that a Temporary Overnight Shelter shall have a minimum of one toilet per 15 persons.

16. Ventilation shall be provided as required in Table A, Section 81-7 of the Chicago Code, for "Sleeping Stall rooms."

17. The Heating Provisions of Chapter 80 shall apply to Temporary Overnight Shelters.

SECTION C

ZONING RECOMMENDATIONS FOR SHELTERS FOR THE HOMELESS

1. Residential Shelter Homes should be a Permitted Use in all residential districts designated R-3 and higher.

2. Temporary Overnight Shelters should be a Permitted Use in all residential districts zoned R-4 and higher.

3. Both types of shelter should be permitted in any Business, Commercial or Manufacturing District. The use of first-floor space in commercial buildings should also be permitted.

4. Given the desire of many non-profit groups in various Chicago neighborhoods to provide shelter locally, existing churches, schools, convents, monasteries, community centers and public use and recreational buildings should be available to them, regardless of where they are situated.

To accomplish these goals, the following specific amendments should be made to the Chicago Zoning Ordinance:

Add the words:

"and Residential Shelter Homes" at 7.3-3 (2);

"and Temporary Overnight Shelters" at 7.3-4 (7);

"except Residential Shelter Homes and Temporary Overnight Shelters" after the words "below the second floor" at the following places:

8.3-1.A (1)
8.3-2.A (1)
8.3-3.A (1)
8.3-4.A (1)
8.3-5.A (1)
8.3-6.A (1)
8.3-7.A (1)
9.3-1 (1)
9.3-2 (1)
9.3-3 (1)

"and Temporary Overnight Shelter" at 9.3-4 (10).

At 7.3-1 add:

(16) Residential Shelter Homes and Temporary Overnight Shelters in existing, lawful churches, convents, monasteries, schools, community centers, public use and recreational buildings.

IX. APPENDIX - CONTENTS*

1. HOMELESSNESS IN THE NATION
2. SHELTER MODELS
3. POTENTIAL SHELTER SITES
4. MODEL STANDARDS FOR SHELTERS
5. MINNEAPOLIS CITY COUNCIL RESOLUTIONS
6. GLOSSARY OF SHELTER TERMS

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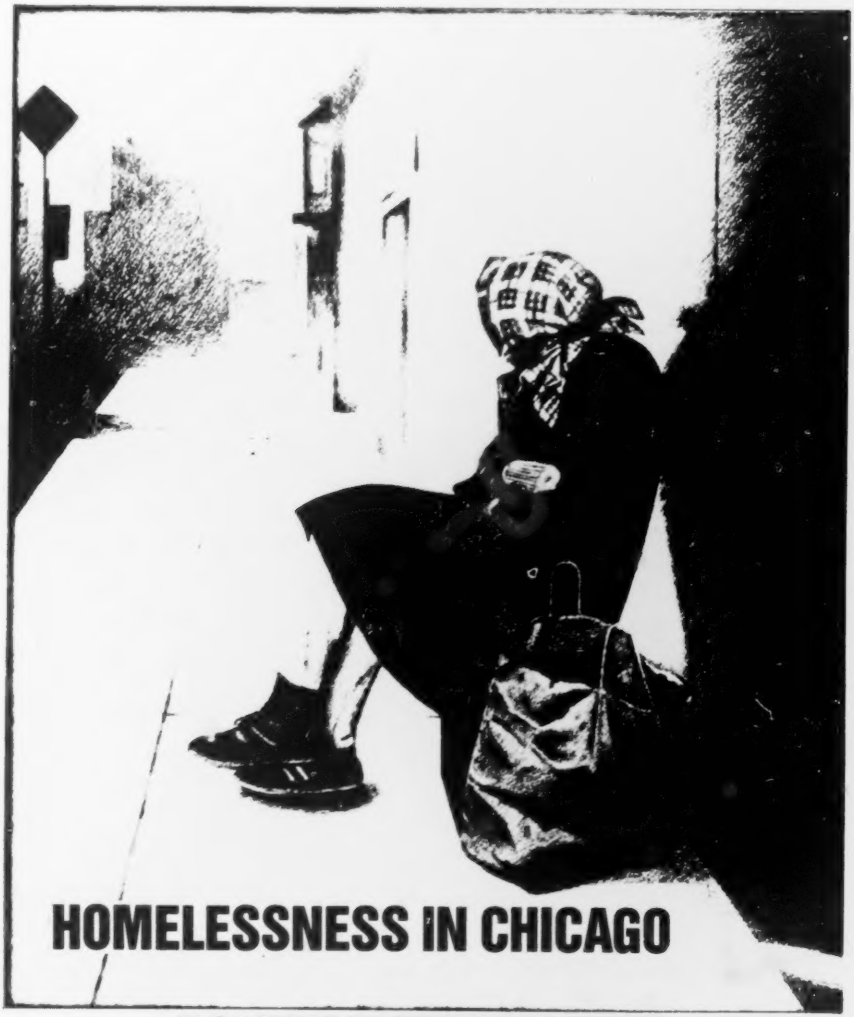
* AVAILABLE FROM THE SOCIAL SERVICES TASK FORCE, CITY OF CHICAGO (312) 744-3111 OR THE JEWISH FEDERATION OF METROPOLITAN CHICAGO (312) 444-2807

APPENDIX



HOMELESSNESS IN CHICAGO

TASK FORCE ON EMERGENCY SHELTER
OCTOBER, 1983

HOMELESS IN THE NATION

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CHART I

SOCIAL SERVICES TASK FORCE
FINDINGS OF HOMELESS IN SEVEN CITIES IN THE NATION

	I. SEATTLE, WASHINGTON	II. SAN ANTONIO, TEXAS	III. DENVER, COLORADO	IV. NEW YORK CITY	V. SALT LAKE CITY, UTAH	VI. BALTIMORE, MARYLAND	VII. CHICAGO, ILLINOIS
CHARACTERISTICS OF THE HOMELESS	Downtown Area: -transients -seasonal workers -elderly men Ages: -20 to 70 year old	Transients: -a new generation of wanderers, families sleeping on the roadsides -the car is home to a whole family -residents with their income reduced who face eviction.	-Singles -Families	-Men -Women -Families Characteristics Of Men Using Shelters Average Age: -36 years old -63% under 40 years old Education: 50% high school graduate 20% attended college Veterans: Over 1/3	Transients: -80% of the transients are single males -10% single females -10% families usually consisting of single parent and several children	-Individual Men . . 47.3% -Individual Women.... 21.8% -Women with Children..19.3% -Women, Men and Children........2.9% Age Of The Adults: 20 - 29 years old.....42% 30 - 39 years old.....24% Under 20 years old.....11% Race: Black....64.3% White....31.7% Hispanic..0.3%	-Single Women -Single Men -Families -Youth -Women and Children Characteristics of Homeless Sex: Sousa and West Shelter -Male 89-94% -Female 11-6% Chicago Police Dept. (C.P.D.) Survey (Sample of Indigent Persons) -Male 58.1% -Female 41.9% Age: Sousa Shelter -81.37% of the population under age 50 C.P.D. (Survey) -41.9% (22-54 years old) Race/Ethnicity: Sousa: -Black 75.5% -White 22.06% West: -Hispanic 22.4% -Slavic 15.9%

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CHARACTERISTICS OF THE HOMELESS cont	Outside The Downtown Area: 30% from outside the state: -hard working miners from West Virginia -steel workers/ auto workers from Detroit, Gary and Youngstown -farm workers from Texas and California 50% of the people from outside metropolitan area: -men -women -children -families					Source Of Income: No source of Income......26% Some Form of Public Assistance 55%	C.P.D. (Survey July 21, 1981 thru August 17, 1983) --White 45.2% --Black 41.9% --Spanish 11.1%

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CHARACTERISTICS OF THE HOMELESS cont			Special Problems: -1/3 have some form of Mental Illness (former residents of State Mental Institutions who were returned to communities without adequate support systems in place). -35% suffer from alcohol abuse.			Special Problems: -Mentally Disabled...37% -Health Problems...16% -Alcoholism/ Drugs......13% -Physically Disabled...13% -Other......21%	
		Reasons For Homelessness: -unemployment -layoffs -depressions		Reasons for Homelessness: -lack of employment -unavailability of low-income housing -lack of awareness of available alternative	Reasons for Increase in the number of Transients: -socially and economically disadvantaged people in other parts of the country look to the Intermountain West as a good place to find jobs and put their lives back together again, and Salt Lake City is the Central metropolitan area through which they pass in route to their desired destinations and to which they return when their hopes and money fade way.	Reasons for Homelessness: -"Informal Eviction" was the leading cause of of homelessness (37%). This included being put out by a friend or relative or being put out by a landlord without going through the formal legal eviction process of housing court. -The second highest category cited was "Transciency" with (24.6%). -The third category was "Family Conflict" with (15%).	Reasons for Homelessness: -Economic Conditions -Cuts in Illinois Welfare Grants -De-institutionalization of mental patients and the release of ex-offenders by the State without community based services and resources. -Destruction of low-cost residential hotels for other projects.

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CHARACTERISTICS OF THE HOMELESS cont					Type of Transients: -Those who live a nomadic lifestyle as a matter of choice -Rootless individuals who migrate from one part of the country to another as their circumstances require and as employment opportunities dictate. They have little formal education and are temporarily willing to work at odd jobs and other sorts of menial labor. -Those who are truly down and out and would like to work and put their lives back together.	Client's last Residence: -The largest (63.2%) group of homeless people were previously living in Baltimore City but a significant proportion (30%) were from out of State.	
RESOURCES Resource That City Provides	Downtown Emergency Service Center: -Operated by: City and Seattle Council of Churches -Services Provided: warm mattress on floor -Capacity: 250	Through its Human Resources and Services Department played the role of facilitator and participated in this process encouraging the Church association and private non-for-profit group to take the lead.	For a number of years the city has had arrangements with hotels in the Downtown area as well as with some personal boarding homes which accommodate individuals who find themselves with no lodging or resources to purchase such.	-Ten (10) Shelters with 4,500 beds for Homeless adults -Four (4) Shelters with a capacity to house 300 Homeless families -Contracts with (7) hotels to shelter an additional 850 families	There is no existing public housing for families or single female transients within Salt Lake City and there are only five (5) units of such housing in Salt Lake County.		SOUSA OVERNIGHT SHELTER: City of Chicago provided funding of $116,800 to Catholic Charities of Chicago for the operation of the SOUSA Overnight Shelter. Capacity: 100 persons (Indigent undomiciled males and females. Operates from 8 p.m. to 8 a.m; 7 days a week. -Social Services Information and referral are available.

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RESOURCE cont Resources That City Provides cont			Procedure: -individuals report to the city Police Building, where they are referred to one of the hotels as well as given meal tickets which are valid in a number of resturants in the Downtown area. -the following morning these individuals are required to report to the Denver Department of Social Services for processing of applications for assistance of a more permanent nature. Capacity: -400 individuals and families on a monthly basis.	-Outreach programs a number of outreach programs help "Shopping Bag Person" find the city's shelters. (4,000 homeless people have been taken from the subway stations alone and brought to shelters). -Special programs to identify shelter residents with severe disabilities, and to assist them in the application process of the Social Security Administration.			Capacity (cont) -From February 7, 1983 through May 31, 1983 a total of 10,998 persons were provided service. EMERGENCY SHELTER: City of Chicago, DHS Emergency Shelter Program: -Shelter for Battered Women. Total persons housed in shelter from 1/83 to 7/4/83-318. (119 women and 199 children). -Paid Overnight Shelter Placement. "Emergency Services" Fire, Evictions, as of 5/83 a cumulative total of 1,010 persons. (Under this program the City pays for overnight stay at private shelters under the voucher program). CITY OF CHICAGO OFFICE FOR SENIOR CITIZENS & HANDICAPPED Emergency Shelters, a total of 233 clients were provided services from FY 81'-83.
Other Resources	First Avenue Service Center: -Services Provided: homeless lie on the floor or try to sleep sitting in chair -Clients: November 11th-101 November 12th-113	Salvation Army: -Capacity: 250 with separate facilities for men and women -Statistics for the month of November: 558 transients--158 residents of San Antonio	Denver Emergency Housing Coalition -Traveler's Aid -Catholic Community Services -Central Denver Community Services -Lutheran Community Services		Low-cost hotels or motels (helping agencies try to house families and females until some other arrangements can be worked out).	-Total number of Beds.......364 -Men only...233 -Women only..20 -Women and Children..........59 -Families....14 -Adult-At-Risk ....12 -Youth.......26	Existing Shelters In Chicago -Shelter facilities can be divided into the following categories.

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RESOURCES (cont) Other Resources (cont)	Churches: -Services provided: leave their door open on bitter cold nights.	-Total for: 1980 16,833 transients 9,840 residents Total for: 1981 20,515 transients 13,700 residents -Cost: first night free--subsequent nights cost $5.00 per adult and $2.00 per child. Other Shelters: -maximum of 50 persons per night. Local Coalition of Multi-denomination of Downtown Churches: -October statistics: of a total 1,200 clients -803: were transients requiring temporary shelter. Association of Downtown Ministries: -First Presbyterian Church -capacity of 150 persons per night St. Marks Episcopal: -backup for an additional 50 or so persons if necessary	-United Faith Ministry -Others Capacity: -The coalition operates 31 public housing unit which accommodate families on an emergency basis for up to 45 days. -Additionally, through the various agencies, there is a capacity to accommodate up to 350 people in private homes, as well as other agency related shelter capacity. Operation Shelter: -Group of individuals representing various interests in the private sector. Capacity: -rented building in the Downtown area of Denver which accommodates up to 120 individuals mostly singles, for overnight shelter.				a. Limited Emergency Shelters -12 shelters with a capacity of 625 beds b. Programmatic Emergency Shelters -10 shelters with a capacity of 253 beds c. Rehabilitative Shelters -3 shelters with a capacity of 32 beds d. Battered Women's Shelters -5 shelters with a capacity of 168 beds For a total of 30 shelters with a capacity of 1,078 Coalition For Homeless A network of agencies concerned with the Sheltering of Homeless. -Research -Public Information -Advocacy for the homeless.

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RESOURCES (cont) Other Resources (cont)			Capacity (cont) -group works closely with the Salvation Army Program and those in need of Shelter are fed by the Salvation Army. Denver Archdiocese: -has made available their vacant Central High School building located close to Downtown to be used as a Shelter facility for families and individuals. Capacity: -Up to 350 people				
EXPENDITURES	City: -one-half million dollars-double the amount spent three years ago. Private: -a quarter of a million dollars		City: -$175,000 annually.	Operating cost for Shelter are shared equally by the State and City. -$6.8 million in 1978 escalated to $38 million in fiscal year 1983 for Homeless adults alone. -$14 million for upgrading its shelter system.			Funding from the City of Chicago in 1983 totals $1,429,00. This includes: -$1,007,000..Community Development Funds -$365,000..Corporate Budget -$57,000..Older Americans Act

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EXPENDITURES (cont)							(cont) The funds are used as follows: Community Development: -Rehabilitation Shelter Sites ...250,000 -Operation Shelter ...200,000 -Shelter, Battered Women ...257,000 Corporate Funds: -Shelter(Sousa) ...200,000 -Voucher Payment, Emergency Shelter ...165,000 Older Americans: -Shelter for Seniors ...57,000 Additional Funding Includes: -FEMA...150,000
ALTERNATIVES FOR THOSE TURNED AWAY	Census: -Conducted by members of operation Nightwatch of those sleeping outside in a 20 block area of the Central City during the month of November.				Because of the increasing number of transients and the budgetary constraints confronting the various agencies there are now families living in cars and women out on the streets in the Salt Lake area.		Police Department, Patrol Division Special Order 80-17 June, 1980 If agencies cannot accommodate a person in need of shelter, the Watch Commander may allow the person to be housed overnight in the lockup.

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ALTERNATIVES FOR THOSE TURNED AWAY (cont)	Downtown: -Total 300 (persons sleeping on streets after all shelters were full Places used for Shelter: -Alaska Way viaduct -shallow caves carved out of the railroad track -loading docks of the city's largest department store -huddled in garbage bins -above heating vents -in the bushes of public parks Seattle Emergency Housing: -turned away 426 families in September and expect to turn away 5,000 families in 1982 due to lack of space and resources. 50% increases over 1981. Seattle's Shelter Network: -turned away 2,466 people in September for lack of resources:				Increasing law enforcement problems in the Salt Lake City area resulting from the growing number of transients: -statistics show an increase in the number of transients being arrested for public intoxication, shoplifting and other common misdemeanors.		

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ALTERNATIVES FOR THOSE TURNED AWAY (cont)	Seattle's Shelter Network: (cont) -good weather: -sleep outside in park -foothills of the Cascade Mountains -bad weather: -live in cars -i.e. family of four living in their cars with mother nine months pregnant. They were without food, medical care or shelter in freezing weather. -family of 10 Indochinese refugees living in a car in a hospital parking lot.						The Task Force on Emergency Shelter with representatives of the Chicago coalition for the Homeless, government and other private agencies is preparing a report. Some of their goals are to create or facilitate 500 additional beds by winter 1983 and to plan a zoning ordinance for the establishments of shelters.
PLAN FOR TEMPORARY AND ADDITIONAL SHELTER	Opening of vacant school building for 80 women and children.	The city has set aside a vacant building "The Central Hotel" for restoration as a long term solution if the demand for services continues.	Establishment of a task force by the City to study the problem and develop a long range solution.	The city solicited proposal from Non-Profit agencies to operate shelter. Ten (10) agencies have been identified. If all ten programs are funded, they will provide about 500 new shelter beds.	The Mayor's Task Force on Transients recommends as its first priority that a forty (40) bed emergency housing facility be established for transient parents with children and single women needing shelter.		

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PLAN FOR TEMPORARY AND ADDITIONAL SHELTER (cont)	Use of abandoned school building to be converted to temporary shelter for families with ready-made playgrounds and large kitchen facilities. Need resources to: -make building safe through the construction of firewalls -staff -organization of neighborhoods support. Budget--$100,000 Need ten (10) projects of similar size to meet current needs.		Working cooperatively with the city in this task force are: -private social service agencies -church groups -the business community -metro counties -State and Federal agencies	Partnership for the Homeless: -A coalition of the major religious denominations. -The city will provide beds, linen, transportation, and general technical assistance to any congregation interested in helping the homeless.			
REQUEST TO THE FEDERAL GOVERNMENT OR RECOMMENDATIONS	1. Congress to provide a CARE package for the American people. 2. The continuation of the Community Development Block Grant without interruption and restrictions.	1. Authorization by HUD for an increase in funds for subsidized low-income housing for poor residents.		1. Need of Low-Cost housing as this is a prequisite to move people out of shelters and also to prevent them from becoming homeless in the first place:	The Task Force recommends that: 1. A work center be established for people convicted of misdemanor violations.	1. There is a need for the establishment of Emergency Shelter beds in Baltimore City for young adult men:	

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REQUEST TO THE FEDERAL GOVERNMENT OR RECOMMENDATIONS (cont)		2. Direct Cash assistance to major cities to provide for the cost of housing to the new poor-maximum stay of 90 days. 3. A relaxtion of public housing policies to allow transients to stay in any available housing project from 30 to 90 days. 4. Additional funds to community agencies for emergency housing,rent assistance, food assistance and utility assistance for residents or transients. 5. Restore the cuts in the Food Stamp and AFDC program.		-In housing the homeless, the lack of federal policy has left a vacuum. 2. Local Government be made eligible for the continuing resolution for Fiscal Year 1983 which allocates $50 million to not-for-profit agencies for Emergency Food and Shelter 3. New York City recommends Passage of H.R. 7337 and H.R. 6296, (these bills would create a $50 million temporary Emergency Shelter demonstration program to fund the rehabilitation of Housing stock to shelter to the homeless. 4. To enact one of the (5) proposals adopted by the U.S. Conference of Mayors title "The Homeless, Hungry and Heatless". They urged a $500 million Federal appropriation for use	2. The gradual and sensitive dispersal of agencies (concentration of transients and social agencies, in one area serves to exacerbate the problems) or some of their functions outside the West downtown area take place as circumstances permit. 3. The public and private sectors join together in a co-operative endeavor to provide employment opportunities and work exchange programs for transients: -the creation of employment opportunities and work exchange programs would require a financial commitment on the part of both state and local government as well as the business community. 4. The Mayor's Office define the proper mechanism to carry out the on-going analysis, monitoring, and implementation aspects of this important concern.	-the youth shelters do not accept anyone over the age of 18 and the missions are really designed for older, down and-out types. 2. More Shelters need to be developed for women and their children. 3. A few beds to be made available and accessible to the Physically Disabled.	

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REQUEST TO THE FEDERAL GOVERNMENT OR RECOMMENDATIONS (cont)				4. (cont) this year by localities for emergency needs like food, shelter and heat. 5. Congress must review the policies and practices of the Social Security Administration since many eligible beneficiaries are not receiving desparately needed federal assistance. 6. That the rule that prohibits residents of "Public Institutions" from receiving SSI benefits be modified to allow residents in temporary emergency shelters to receive SSI benefits. At a minimum this rule should not be interpreted to apply to shelters operated by nonprofit agencies under contract with local governments.			

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REQUEST TO THE FEDERAL GOVERNMENT OR RECOMMENDATIONS (cont)				7. That the Veterans Administration be required to adopt a National policy of outreach to homeless veterans. 8. That services to the Mentally Ill Homeless be made a priority for Community Mental Health Centers. 9. That the National Institute of Mental Health should set up a demonstration grant program to test various approaches for rehabilitating the homeless, particularly those who are mentally ill.			

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REQUEST TO THE FEDERAL GOVERNMENT OR RECOMMENDATIONS (cont)				9a. Within the Department of Health and Human Services, the Office of Human Development could fund Research and Demonstration projects as well.			

SOURCE: 1. U.S. CONFERENCE OF MAYORS--WASHINGTON, D.C.

--SEATTLE, WASHINGTON--REMARKS OF THOMAS KEEFE-SPECIAL ASSISTANCE TO MAYOR CHARLES ROYER-SEATTLE, WASHINGTON SUB-COMMITTEE ON HOUSING OF COMMUNITY DEVELOPMENT COMMITTEE ON BANKING-U.S. HOUSE OF REPRESENTATIVES--DECEMBER 15, 1982.

--TESTIMONY BEFORE CONGRESS DECEMBER 15, 1982--PRESENTED BY KEVIN C. MORIARTY, DIRECTOR DEPARTMENT OF HUMAN RESOURCES AND SERVICES--CITY OF SAN ANTONIO, TEXAS.

--"EMERGENCY HOUSING IN THE CITY AND COUNTY OF DENVER" BY ARMANDO R. ATENCIO, MANAGER DENVER DEPARTMENT OF SOCIAL SERVICES.

--TESTIMONY BY NEW YORK CITY COUNCIL PRESIDENT BEFORE THE HOUSE BANKING AND URBAN AFFAIRS SUB-COMMITTEE ON HOUSING AND COMMUNITY DEVELOPMENT HEARING ON THE NEED FOR A FEDERAL RESPONSE TO THE NATIONWIDE PROBLEM OF HOMELESSNESS. WASHINGTON, D.C.--DECEMBER 15, 1982.

--FINAL REPORT--MAYOR'S TASK FORCE ON TRANSIENTS--MARCH 4, 1982--SALT LAKE CITY, UTAH.

--"HOMELESSNESS IN BALTIMORE: FOCUS ON THE DEPARTMENT OF SOCIAL SERVICES AND TRAVELER'S AID SOCIETY" BY TONY RUSSO FOR THE GREATER BALTIMORE SHELTER NETWORK, INC. OCTOBER, 1982.

2. CHICAGO

--CITY OF CHICAGO-OFFICE OF BUDGET AND MANAGEMENT, JULY, 1983

--DIRECTORY OF SHELTERS AND RESOURCES FOR THE HOMELESS (1983-84): CHICAGO COALITION FOR THE HOMELESS

--EMERGENCY FOOD AND SHELTER: NATIONAL BOARD PROGRAM ESTIMATES

--HUMAN SERVICES DIRECTORY OF METROPOLITAN CHICAGO

--8TH DAY CENTER FOR JUSTICE SHELTER THE HOMELESS PROJECT-WEST SHELTER

--CITY OF CHICAGO POLICE DEPARTMENT--SURVEY OF INDIGENT PERSONS (JULY 21, 1983 THROUGH AUGUST 17, 1983).

--DEPARTMENT OF HUMAN SERVICES

SOCIAL SERVICES TASK FORCE

PART II. HOMELESSNESS IN THE NATION'S CITIES

	HOUSTON, TEXAS	DALLAS, TEXAS	JACKSON, MISSISSIPPI	LOS ANGELES, CALIFORNIA	NEW ORLEANS, LOUISIANA
HOMELESS POPULATION	Among the five (5) major cities in Texas, Houston has the largest population and the largest percentage of low-income people.	Out of the total population of 900,000 an estimated 162,000 live below the poverty level, and an estimated 17,000 are homeless.	The Homeless population is mostly indiginous, natives of Jackson, Mississippi.	The County Department of Mental Health estimated 20,000 homeless, and United Way is now refining that number by doing an extensive survey of the number of shelter, number of beds, and a statistical estimate on the demographic composition of the homeless population.	New Orleans has a highly transient population. Most of these transients are northners or are en route from Florida to Texas seeking employment. Traveler's Aid reported a 40% increase in transients from 1981 to 1982 and a 30% in 1983 over 1981.
SOCIETY'S ATTITUDES TOWARD THOSE FINANCIALLY DEPRIVED	Disregard and neglect for those at the lower end of the socio-economic ladder.	Has its share of callousness toward the poor, there does seem to be a softer side as evidenced by the public sector's recognition of the social problem.	An impoverished city that faces seemingly insurmountable structural obstacles in addressing their social problems. Some of these are: 1. no compulsory education 2. no building, fire or health codes 3. no tenant's rights 4. no Section 8 housing 5. no General Assistance 6. a State that has the lowest per capita income in the country 7. a State that refuses responsibility for its poor.	The activities related to homelessness in L.A. are encouraging.	There appears to be some sympathy toward the "new poor", but the overriding public sentiment toward transients and the traditional poor is resentment.

	HOUSTON, TEXAS	DALLAS, TEXAS	JACKSON, MISSISSIPPI	LOS ANGELES, CALIFORNIA	NEW ORLEANS, LOUISIANA
ROLE OF THE CITY	None	Resources for the homeless are inadequate, almost entirely restricted to the private sector.		Seventy-five (75) bed shelter run by the city in Long Beach.	There is an arrangement between police and churches, whereby the churches refer transients to the police.
OTHER GOVERNMENT AGENCIES	Thirty (30) bed shelter run by the County. County Welfare $100 per month (for a limited period of time). A.F.D.C. - $90.00 a month for a women and 2 children. Harris County: -82 half-way house beds and a projected need by 1990 of an excess of 1,200 beds. -County vouchers people into half-way houses for $70-$90 a month. (half-way houses are not licensed).		There are 12 licensed home in the State (with 12 beds each). The State has a good network for the mentally retarded and the Mental Health network would like to emulate their system in regards to the delivery of mental health services. Most of the efforts taking place in Jackson around the homeless issue are from a mental health perspective.	Sundowner Program Operated by County Welfare Department. Resource: They voucher people in need of housing into three (3) alternatives: 1. hotels 2. motels, and 3. shelters (when possible) (They receive 15,000 calls a year and are only able to voucher 1/3 of these calls into the three (3) alternatives). County Funds a Civilian Assistance Patrol that transports intoxicated people to detox and medical facilities.	There are only three (3) group homes in the entire state, admission into them is very difficult.

	HOUSTON, TEXAS	DALLAS, TEXAS	JACKSON, MISSISSIPPI	LOS ANGELES, CALIFORNIA	NEW ORLEANS, LOUISIANA
LOW-INCOME HOUSING	Severe shortage of low-income housing. Community groups have been successful in fighting any public housing construction. City is reluctant to take advantage of CDBG monies for development. There are no rent laws, and illegal "lockouts" are common forcing many people to the street. The State has reasonable tenant laws on the books, however there is no vehicle for enforcement of these laws.	There are some ideas being discussed for the improvement of the public housing projects in West Dallas, and the Dallas Housing Authority is considering using CDBG and HUD money to implement the proposals. There is some existing Section 8 housing, but there appears to be little interest in moderate rehab funds. Gentrification, and consequently displacement is a large problem, and it is particularly acute in East Dallas. One out of seven households live in below standard housing 17,000 residents live in public housing. The size of the population needing housing is 2½ times the number that can be assisted.	There is a lack of affordable housing (a shot-gun shack rents for $150 a month, there is no Section 8, and the waiting list for subsidized housing is immense). There is a high rate of evictions especially among women. Low welfare grants and little provision of social services. Large number of deinstitutionalized people whose only resource are boarding homes.	Last Resort Housing Stock: comprised of 60 Hotels with 5,000 rooms (a 6x10 room in a typical hotel rents for $165-$250 a month).	Low-Cost housing is grossly inadequate.

	HOUSTON, TEXAS	DALLAS, TEXAS	JACKSON, MISSISSIPPI	LOS ANGELES, CALIFORNIA	NEW ORLEANS, LOUSIANA
PRIVATE SECTOR	Seven hundred (700)-1,000 emergency beds ranging from traditional missions to the Magnificat House which charges $200 a month. Many of these beds serve specialized populations, charge fees, or mandate religious compliance. Churches and Church Coaltion: have devoted most of their resources to food programs. United Way: has funded a project at Traveler's Aid, but they restrict use to people out of state; who are unemployed and become stranded. Salvation Army: runs an emergency shelter for men and charges $7 night after 5 free nights a year. Woman's Centers: operate a 45 bed, battered womens shelter-provides advocacy and support services. Turn away 8-10 women a day who are without any other resources.	The Dallas Life Foundation and the Union Gospel Mission: both operated by Fundamentalists, provide food and shelter for the homeless. Salvation Army: has both a dormitory and an emergency shelter. Dormitory: capacity 50-60 beds for men and women, after 3rd day there is a charge of $5 a day. Shelter: equipped only with tables and chairs, is free of charge for men and women. First Presbyterian Church: runs a six (6) unit housing program for families where the family can stay for 10 days only if one person in the family is employed. Capacity: 5 families. East Dallas Cooperative Parish: a consortium of churches, operates a job bank for the unemployed.	Salvation Army: has a bed shelter for transients, 18 beds for federally released prisoners, 2 beds for women and 1 room for family plus 36 beds for resident staff. Gateway Rescue Mission: the only mission in town, shelters approximately 15-20 men on a semi-permanent basis. Catholic Charities: runs a small battered women's shelter. The Consortium of Boarding Homes: are small network or groups that are making some headway in trying to better conditions in Jackson. It's comprised of Mental health professionals, boarding home operators, and the ACLU.	A Basic Shelter Group: comprised of attorneys, legal workers, and housing community group has been formed. Problems identified by the group: 1. lack of emergency shelter. 2. lack of longer term "Last Resort Housing;" and 3. complex welfare system and inadequate grant levels. United Way: identified 1,500 spaces in private emergency shelters. (But these shelters have strict and rigidly enforced rules, and are reportedly turning away hundreds of people a day. In addition 2/3 require religious counseling).	There are approximately 600 emergency beds available, Shelters are turning many peple away daily. The two (2) largest shelters Baptist Mission and the Salvation Army, charge for a bed, Ozanam, one of the only free shelters, is temporarily closed. Creasant House: the only alternatives for battered or raped women, (the waiting list is long). Traveler's Aid: with the FEMA money they have developed a new program, The Self Help Counseling Center. This program provides lodging and meals for up to 20 peoples (2 groups of 10) and they admit only "employables" who are trying to get themselves together.

	HOUSTON, TEXAS	DALLAS, TEXAS	JACKSON, MISSISSIPPI	LOS ANGELES, CALIFORNIA	NEW ORLEANS, LOUISIANA
PRIVATE SECTOR (cont)	An Assortment of Non-Profit Groups: from mission to the Gulf Coast Legal Foundation that operate in their own corners and don't involve themselves with other groups. (There is no networking among groups).				

SOURCE: JEWISH COUNCIL ON URBAN AFFAIRS--AUGUST, 1983

SOCIAL SERVICES TASK FORCE
PART II. HOMELESSNESS IN THE NATION'S CITIES

BOSTON, MASSACHUSETTS

INFORMATION ON HOW TO START A SHELTER	-Churches: --"How churches can get involved in Homelessness" - meeting -What to do in Boston if you want to start a shelter -Revolving loan fund started by Archdiocese to assist program for the homeless - start up funds. -Guidelines to opening Shelter submitted to Governor's Advisory Committee. If you need technical assistance they will refer you to one of the over 40 shelter in the Massaschusetts Coalition for the Homeless. -Who to call for the Emergency Assistance regulations. -Homeless hotline: --use by very few -Homeless hearing: --reminder about homeless hearing
NEW RESOURCES	-Shattuck Hospital opened for Boston Emergency Shelter -"Twelve bed facility" opened in Springfield -City Emergency Shelter at Boston City Hospital-100 beds --proposed moved to Long Island site --city agreed to make Long Island a permanent address so guests could apply for General Relief

BOSTON, MASSACHUSETTS

ADDITIONAL INFORMATION

GOVERNOR'S ADVISORY ON HOMELESSNESS

-Speaker from the Public Education Committee of Massachusetts Coalition for the Homeless addressed the Advisory Board emphasizing the need to address homelessness at the:
--immediate shelter level
--cost assistance level
--permanent housing level

-Establishment of three (3) Task Forces:
--Emergency Solutions
--Cost Assistance
--Long-Term Housing

-Grassroots meetings to convened around the State for in-put

LOCAL HOMELESS MEETING STATEWIDE

-State is asking for what each area wants to solve its homeless problem, and to do local problem solving.

-Issues raised at pre-Boston meeting:

1. Prevention of Homelessness
2. Social Services
3. Shelter Resources Needed
4. Long-Term Policies Needed

SOURCE: MASSACHUSETTS COALTION FOR THE HOMELESS NEWSLETTER COVERING EVENTS SINCE THEIR LAST AT-LARGE MEMBERSHIP MEETING--FEBRUARY 7, 1983.

SHELTER MODELS

CHART .... MODELS OF SHELTER

MODEL I ...... TEMPORARY EMERGENCY SHELTER OVERNIGHT ONLY FOR 5 MONTHS

MODEL II ..... 24-HOUR SHELTER FOR WOMEN OPERATES YEAR ROUND WITH SERVICES

MODEL III .... DEHON HOUSE

MODEL IV ..... WEST EVALUATION/8TH DAY CENTER FOR JUSTICE

MODEL V ...... SHELTER POSITION PAPER/LAKEVIEW "SHELTER PROJECT"

MODEL VI ..... TEMPORARY RESIDENCE PROGRAM/FACT SHEET--COUNCIL FOR JEWISH ELDERLY

MODEL VII .... THE DSS ADVISORY BOARD REPORT ON SHELTER SERVICES FOR THE HOMELESS, NEW YORK

MODEL VIII.... THE ARK/PROPOSAL FOR EMERGENCY SHELTER PROGRAM

MODEL IX ..... HOMELESS BUT NOT HELPLESS, ALBANY COUNTY, NEW YORK

MODEL 1: TEMPORARY EMERGENCY SHELTER
OVERNIGHT ONLY FOR 5 MONTHS

	MO/COST	START-UP	
Rent	$ 800 - $1,000	$ 800 - $1,000	(assuming no security deposit)
Utilities	100 - 300	200 - 300	
Salary	800 - 1,200	800 - 1,200	(may include 1 fulltime or 1 fulltime and 1 parttime)
Supplies	200 - 300	400 - 500	(cups, coffee, sleeping equipment, fire equipment)
Miscellaneous	100 - 250	300 - 500	(phone, office, postage, travel, outreach)
	$2,000 - $3,050	$2,500 - $3,500	

This is a budget for a shelter with a capacity of 135. It assumes a bare bones operation with sufficient volunteer support, in-kind donations of supplies averaging $50-100 a month, donations of sleeping materials, no insurance payments or other professional costs (lawyer). This model also assumes no overhead agency costs or renovation of facility.

SOURCE: COALITION FOR THE HOMELESS

MODEL 11: 24 HOUR SHELTER FOR WOMEN OPERATES YEAR ROUND WITH SERVICES

START-UP COSTS/RENOVATION

New Roof	$ 3,000
New Wiring	8,000
2 Baths	8,000
Hot Water Heat	8,000
25% Contigency Compliance with Codes	7,000
	$34,000

OPERATING EXPENSES

Occupancy	$ 700
Tax	300
Electric	300
Heat	300
Insurance	100
Food	2,000
Transport	350
Personal Expense	1,860
Telephone	175
Salary	2,233
	$8,318

This assumes in-kind services such as advocacy and referral, volunteer staff, donated equipment, furniture, two full-time staff with room and board, no major renovation costs, and no overhead agency costs or professional services.

The capacity of this shelter is 20 persons.

SOURCE: COALITION FOR THE HOMELESS

CHART

SOCIAL SERVICES TASK FORCE
MODELS OF SHELTERS

	MODEL I	MODEL II	DEHON HOUSE	WEST	THE ARK	SOUSA
1. TYPE OF SHELTER	Temporary Emergency Shelter	Shelter for Women	Emergency Transitional Programmatic	Emergency Limited Seasonal	Short-term Emergency Housing	Indigent Undomiciled Males and Females
- Operation Time	-operates only overnight during five (5) months of the year.	- 24 hours - operates all year	- yearly basis	-overnight (data related to an evaluation of the West Shelter during the period of February 2, 1983 through April 29, 1983 for a total of 86 nights.)	-operates for a period of nine (9) months from October 1, 1983 through June 30, 1984.	- overnight - seven (7) days a week
- Capacity	135 persons	20 persons	25 persons	-1,901 guests during the period of the evaluation		100 persons
- Per Diem Cost Per Guest/Night	($1.11 - 1.61)[1]			$3.57		

SOCIAL SERVICES TASK FORCE
MODELS OF SHELTERS (cont)

	MODEL I	MODEL II	DEHON HOUSE	WEST	THE ARK	SOUSA
II. BUDGET TOTAL[2]	$12,500 - 18,750 (for 5 months) $2,000 - 3,050 (monthly expenses)	$133,816/year $8,318 (monthly)	$36,650/year	$6,803/86 nights	$86,730 (9 months)	$123,724/year $6,727 (monthly)
A. Start-up Cost Renovation Sub-Total	Sub-Total $2,500-3,500	Sub-Total $34,000		Sub-Total $365	Sub-Total $8,100	Sub-Total $43,000
	Rent $800-1,000 Utilities $200- 300 Salary $800-1,200 Supplies $400- 500 Miscellaneous $300-500 - This model assumes no dollars for renovation of facility.	New roof $3,000 New wiring $8,000 2 baths $8,000 hot water heater $8,000 25% contingency compliance with codes $7,000 -donated equipment and furniture -no dollars for major renovations of facility.	- Start-up cost were minimal.	- Legal Incorporation $125 - Answering Machine. $215 - Membership (C.C.H.) $25	- Renovation of two (2) rooms and bathroom $6,600 - Apartment supplies/furniture $1,500	(Installation of Showers, Renovation, repair, paint, electrical repairs, cots, blankets, linens, and towels).
B. Staff Salaries Sub-Total	Sub-Total $800-1,200 (per month) $4,000-6,000 (per 5 months)	Sub-Total $26,796 (per year) $2,233 (per month)	Sub-Total $20,000/year per	Sub-Total $3,300 (per 86 nights)	Sub-Total $47,500 (per year)	$58,290 (per year) $4,910 (monthly)
	Salaries $800-1,200 - one (1) full-time - or one (1) full-time and one (1) part-time Volunteers	Salaries $2,233 -Two (2) full-time staff with room and board. -Volunteer staff	Salaries $20,000 -Two (2) staff persons serve as administrators and live in the building. -Maintenance cooking, etc. are done by the residents.	Coordinator $3,300 Salary -Based on contractual basis where the coordinator pays all taxes and benefits.	Administrator/Social Worker of Shelter Program (9 months with fringes) $19,500 Night caretaker/supervisor of apt. and clients. - $8,000	A total of 10 staff persons. (Three are administrator/social worker of Shelter Program $4,910 monthly cost. Volunteers

SOCIAL SERVICES TASK FORCE
MODELS OF SHELTERS (cont)

	MODEL I	MODEL II	DEHON HOUSE	WEST	THE ARK	SOUSA
B. Staff Salaries Sub-Total (cont)					Agency Administration and supervision $10,000 Medical treatment and Psychiatric Evaluation $10,000	
C. Operating Expenses						$21,804 (annually)
Sub-Total	Sub-Total($1,200-1,850) (monthly cost)	Sub-Total $6,085 (monthly cost)	Sub-Total $16,650 (annual cost)	Sub-Total $3,318 (86 nights)	Sub-Total $31,130 (annual cost)	$1,817 (monthly)
Rent	Rent-$800-1,000	Occupancy-$700	Rent-Free (6 flat apt house-used rent free on a yearly basis)	Rent-$1,200	Rental of three (3) apt (8 months)$5,360 Rental of two (2) motel rooms (8 months)$6,300	Rent-Free
Food		Food-$2,000	Food-$2,000 (Very little food is bought, meals are very simple and consist of whatever is donated through the Greater Chicago Food Depository).	Food-$186	Food/meals at Kosher resturants (8 months) $14,475 average of 6 people at $10.00 each daily.	A minimal amount is used for food. The majority of the food is donated.

SOCIAL SERVICES TASK FORCE
MODELS OF SHELTERS (cont)

	MODEL I	MODEL II	DEHON HOUSE	WEST	THE ARK	SOUSA
Utilities	Utilities $100-300	Heat $300 Electricity $300 Telephone $175	Electricity $1,500 Oil $10,000 Telephone 300	Telephone $198	Heat, electricity, telphone $2,250 (9 months)	
Transportation		Transportation $350	Travel $500 Gas 200	Transporation $90	Bus tokens for transportation to shelter (8 months)$1,045 average of 6 people at $1 daily /5 days a week	
Office Supplies	Supplies $200-300		Office supplies $500 Printing/postage 200	Postage $70 Stationary 49		
Miscellaneous	Miscellaneous $100-250 No insurance payment or other professional cost (lawyer) No over-head agency cost	Insurance $100 Tax 300 Personal/ expenses $1,860 No over-head agency cost	Household/ personal items $700 Maintenance $1,000	Miscellaneous $16 Special Events 370 Consultant Fee 310 Maintenance supplies 500	Insurance on three (3) apt. $1,200 (8 months) Cleaning expeneses $500	

SOCIAL SERVICES TASK FORCE
MODELS OF SHELTERS (cont)

	MODEL I	MODEL II	DEHON HOUSE	WEST	THE ARK	SOUSA
SOURCE	Coalition for the Homeless	Coalition for the Homeless	8th Day Center for Justice	8th Day Center for Justice Shelter the Homeless Project - July 6, 1983	Jewish Federation - The Ark - Proposal for Emergency Shelter Program.	Catholic Charities

1. Per diem cost assumes 135 guest daily for 30 days for a total of 4,050 guest for one (1) month.

2. Budget total includes start-up cost.

MODEL III

Dehon House is a 6 flat apartment house. It is used rent-free on a yearly basis.

Salaries	$20,000.00
Food	2,000.00
Household/Personal items	700.00
Phone	300.00
Printing/Postage	200.00
Office Supplies	250.00
Travel	500.00
Oil	10,000.00
Electricity	1,500.00
Gas	200.00
Maintenance	1,000.00
	$36,650.00

Start up costs were minimal. We pretty much have second-hand everything. Our philosophy was: we have space, heat, lights and donated food. We'll appeal for furniture, etc.

We do not have surplus money. We must continually fundraise--which is burdensome. After 2 1/2 years of operating, we know we must seek funds on a larger scale than private donations can provide. We need either a board member with time and energy to put into this area or to hire a person -- for which we'd need funds!

SOURCE: 8TH DAY CENTER FOR JUSTICE

Dehon House opened its doors on January 26, 1981. It is a 6 flat building in Rogers Park, donated by its owners on a yearly basis for the purpose of sheltering the homeless.

Other expenses are paid by donations. The largest dollar cost is salary for the two (2) staff people, who serve as administrators and live in the building. Each receives $10,000 per year. Other items for which money is paid out amount to approximately $14,500 annually. Dehon House is a not-for-profit corporation, exempt from Federal income tax under section 501 (c) (3) of the Internal Revenue Code. As such donors may deduct contributions to Dehon House.

Very little food is bought. Meals are very simple and consist of whatever is donated through the Greater Chicago Food Depository, the Church Federation of Greater Chicago and private food collections.

People who are sheltered at Dehon House have become homeless for various reasons:

1. fire or other natural catastrophes
2. eviction because of inadequate fixed income or inability to continue to pay rent because of the escalating cost of living, job layoffs, etc.
3. need to move out of home because of domestic violence
4. need for an address before they can apply for public assistance, disability, etc.

Because Dehon House is a home for people from different races, classes, religions and backgrounds, it is a natural goal to help to appreciate differences, understand others and lessen prejudice.

A maximum of 26 people are sheltered at Dehon House. They are responsible for the functioning of the house. Maintenance, cooking, etc. are done by the residents. Dehon is a house which is shared by homeless people rather than a hospitality house in which care is taken of people. People are seen as responsible for their own lives, while being interdependent upon each other for maintaining a cooperative environment at Dehon House.

Once finances are received, people must put the rent portion of their money into a credit union. In this way, they are preparing for their own independence.

A plan is worked out individually with each resident/family upon admission. Residents contract to continually work on their situation in conjunction with the co-directors and/or a social service person from one of the three referring agencies, who interview persons for residence. If persons do not live up to the contract, they are asked to make plans to leave. To date, 425 people have stayed at Dehon House. This represents 1 and 4 family units. The time of stay has been from 1 night to 3 months. Although there is flexibility, the usual time limit is 2 months.

Another aspect of the philosophy is to involve neighborhood people in the support of the house as part of their responsibility to care for neighbors in need. This is a slow but necessary process.

For additional information, please contact Dehon House and speak to Lois McGovern, (312) 465-1526

DEHON HOUSE

Chicago, Illinois 60626

SOURCE: 8TH DAY CENTER FOR JUSTICE

MODEL IV

8th day center for justice
22 e. van buren   chicago, illinois 60605   (312)427-4351

July 6, 1983

SHELTER THE HOMELESS PROJECT

WEST EVALUATION

From February 3, 1983 through April 29, 1983, a total of 86 nights, WEST sheltered a total of 1,901 guests.

Attached to this evaluation is a breakdown of the guests according to dates, numbers, sex and recognizably Spanish or Slavic surnames.

	EXPENSES		
RENT	$1,200.00		
*COORDINATOR SALARY	3,300.00		
**MAINTENANCE SUPPLIES	500.00		
**TELEPHONE	198.00		
LEGAL (INCORPORATION)	125.00		
POSTAGE	70.00		
TRANSPORTATION	90.00		
SPECIAL EVENTS	370.00		
FOOD	186.00		
CONSULTANT FEE	310.00		
STATIONERY	49.00		
ANSWERING MACHINE	215.00		
MEMBERSHIP (CCH)	25.00		
MISCELLANEOUS	165.00		
TOTAL	$6,803.00		
	INCOME		
PRIVATE DONATIONS	$8,832.50		
TOTAL	$8,832.50	BALANCE	$2029.50

*Based on a contractual basis where the coordinator pays all taxes and benefits.

**Initial costs for maintenance supplies and telephone installation accounted for approximately 80% of these expenses.

The per diem cost per guest/night was $3.57. While this amount is less cost effective than larger community shelter, e.g., REST, it is due primarily to the number of guests served each night. For example, the cost effectiveness is much higher in April than in February.

However, it must be stressed that the humane and warm atmosphere of a small shelter contributes to its efficiency, security and the well-being of guests and volunteers.

Based on these considerations,it is our recommendation that new community shelters ideally limit their capacity to between 25-30.

It would appear that several small shelters in a community will lessen neighborhood resistance, offer a sense of safety, security and concern for the guests and prove more manageable.

Start-up costs for shelters of this size are dependent upon the fund-raising capacities of organizing groups. However, as these shelters are extremely inexpensive to operate, $6,000 to $8,000 should provide a secure start-up funding base with the main expenses being rent and salary.

John Sutchliffe-Hetman
Coordinator

SOURCE: 8TH DAY CENTER FOR JUSTICE

MODEL V

July 14, 1983

LAKE VIEW "SHELTER PROJECT"

SHELTER POSITION PAPER

In February 1983, the Lake View Lutheran Church, responding to the neglect and plight of homeless men and women, began exploring the possibility of opening a small, emergency, night shelter for their homeless neighbors in the Lake View community. A series of exploratory meetings were held during the next few months between Lake View Lutheran Church pastor, staff congregation, residents from the community, other community churches and social service agencies and consultants from the Shelter Project/8th Day Center for Justice. The Lake View Lutheran Church having adequate space for a small shelter in a structurally sound, well-ventilated, accessible and clean church basement hall, offered this space as a nightly refuge where homeless men and women would be treated with dignity in a caring environment.

The need for a shelter in Lake View was researched, assessed and documented by the Shelter Project/8th Day Center. The Shelter Project contacted the area hospitals, outpatient centers, social service agencies and community churches. All of these groups had contact with homeless men and women from Lake View. Many of the churches were approached by homeless persons on a regular basis in their search for a decent place to sleep. Some of the churches put the homeless up for a night or two in hotels, but this practice proved extremely costly. All of the churches and community groups contacted by the Shelter Project were very frustrated by the lack of shelter resources in the Lake View Community. Other shelter resources in the City of Chicago were either always filled to capacity or had strict intake criteria which eliminated single adults.

As a result of a lack of Lake View shelter resources and the inadequate city shelters, many homeless men and women are faced with life threatening situations during the winter months. The physical and emotional devastation of being forced to sleep in abandoned buildings and cars and to walk the streets to keep warm breaks down resistence to disease and destroys the sense of selfhood that is a requirement for human life. These men and women are extremely fragile but responsive to genuine human care and compassion. They pose no threat to any other persons and, in fact, are the ones who are the most threatened, often being victims of muggings, rape, battery, assault, obstracism and the bizarre subjective prejudices of uninformed and ignorant segments of society.

The Lake View Shelter will offer a nightly refuge during the winter months to save human lives, prevent further brutality and to offer a warm place for homeless men and women to find that modicum of dignity and decency befitting all human beings. The initiation of this shelter by the Lake View Lutheran Church is part of its ministry to the community which addresses the needs of all its members.

As a result of the exploratory meetings and the open community meetings held in May, June and July 1983, the church and the advisory board of the shelter will open a small, nightly, winter shelter in the basement hall of the church. This shelter will be portable, i.e., mattresses which will be stacked during day and evening hours, and temporary, i.e., seasonal within the winter months. The advisory board is comprised of community members of varying professional backgrounds who will bear full responsibility for the orderly operation and maintenance of the shelter.

The philosophy behind the opening and operation of this shelter is rooted in tradition of Judeo-Christian and American belief in compassion which is applied in act not simply in the pious sentimentality of thought and statement. This philosophy reaches, therefore, into the heartfelt actions of all members of our Lake View community and searches for a way of genuine caring for our homeless neighbors.

SHELTER ORGANIZATION

The Lake View Shelter will be directed by an Advisory Board which has been given full autonomy by the congregation of the Lake View Lutheran Church for the responsibility of professionally opening and operating the shelter. Representatives from Lake View Lutheran Church, community residents, other community churches and social service agencies will comprise the Advisory Board. The Lake View Lutheran Church will lease the space and act as fiscal agent for the shelter for funding purposes. The Advisory Board will appoint a Program and a Funding Committee which will undertake development of these respective areas and report back to the Advisory Board for approval and implementation of projects.

The Lake View Shelter will be modified and based on the experience of other community shelters with the needs of the Lake View and immediate community as a foundation for operation.

The Lake View Shelter will be staffed by a full-time, salaried coordinator who will be screened, interviewed and hired by the Program Committee upon approval by the Advisory Board. The coordinator will have the professional and community skills necessary to operate the shelter. The coordinator will serve at the pleasure of the Advisory Board and will report regularly to the President of the Board. The President of the Advisory Board and the coordinator will serve as liaison with the community.

The coordinator will recruit and secure professional training for volunteers who will staff the shelter on a nightly basis. The coordinator will be hired with sufficient start-up time to recruit and train the volunteers prior to the opening of the shelter.

Based on a salaried coordinator/volunteer staff model, the shelter will be extremely cost effective.

The Lake View Shelter will serve a maximum of 15 men and women in November 1983 and a maximum of 25 men and women from December 1983 through March 1984. The Lake View Shelter will coordinate its opening and closing dates with other community shelters to offest any cross referrals or use by homeless residents of other neighborhoods.

Estimated cost of the Lake View Shelter for a five (5) month period (November 1983 through March 1984) will be $10,000 of which approximately $2000 - $3000 will be required for hiring a coordinator and start-up costs.

Rules of the Lake View Shelter will be developed by the Program Committee and approved by the Advisory Board. Rules will apply to both shelter guests and volunteers and will be strictly enforced. Violation of the rules will result in the guest being permanently barred from the shelter. The coordinator will have the responsibility for ensuring that the rules are strictly followed.

Loitering before or after use of the shelter will not be tolerated. Violators of this rule are subject to being barred from shelter use. All shelter guests go somewhere during the day; some to day labor (which requires arrival at 5AM), others to soup kitchens, day programs, public assistance offices, foraging for aluminum cans or brass or copper. This not only alleviates any loitering after the shelter is closed in the morning, but means that homeless people are exhausted by night and are deeply in need of sleep.

All shelter guests will be treated with dignity and respect in a gently but firm manner. They are, in turn, expected to treat each other and the volunteers with the same courtesy. No form of verbal abuse or violence will be tolerated. The purpose of the shelter is to offer a warm, clean place for a few homeless men and women to sleep each night during the winter after grueling days and evenings trying to survive in the streets and system. Therefore, quiet, cleanliness and order are imperative for the security of the guests and for harmony with the community.

The Lake View Shelter is primarily operating for homeless Lake View neighbors. Referrals from agencies outside of the Lake View boundaries will not be accepted.

The hours of the shelter will be from 10PM to 6:30 AM. All guests are expected to arrive no earlier than 10P.M., be in the shelter by 10:30P.M. and be asleep or in quiet situations by 11 P.M. when lights are turned out. All guests will be awakened by 6A.M. The shelter will close for the day at 6:30. Guests who volunteer to help clean will be allowed to stay between 6-6:30A.M.

The Lake View Shelter is part of the community as a service to homeless neighbors. It will serve single adults 18 years of age and over. All other persons will be referred to appropriate resources.

As part of the community, the Lake View Shelter will be open for inspection to responsible community residents. If there are complaints, immediate action will be taken by the coordinator and the President of the Advisory Board.

SOURCE: 8TH DAY CENTER FOR JUSTICE.

MODEL VI

COUNCIL FOR
JEWISH ELDERLY
JEWISH FEDERATION OF METROPOLITAN CHICAGO

TEMPORARY RESIDENCE PROGRAM FACT SHEET

The Temporary Residence is a home-like residential program, located in an apartment hotel, designed to provide a time limited, protective setting for eleven residents. The program is part of a comprehensive service delivery system of the Council for Jewish Elderly, operating under the auspices of the Jewish Federation of Metropolitan Chicago.

PURPOSE OF STAY

Protective setting while family members are on vacation or hospitalized.
Shelter to the victim of fire, robbery or eviction.
Comprehensive functional evaluation for long range planning.
Rest and recuperation following hospitalization.
Respite from stressful home situations.

ADMISSION CRITERIA

Need for a 24-hour protective setting for a limited time period.
Relatives, live-in help or other resources not accessible.
Discharge plan projected and established prior to admission.

SUPPORTED BY THE JEWISH UNITED FUND OF METROPOLITAN CHICAGO

RESIDENT PROFILE

Ambulatory, may use a cane or walker.

Ability to perform personal care such as bathing and dressing.

Capable of taking own medications but may require verbal reminders from staff.

PROGRAM

A non-medical, residential program that offers a short term 24-hour protective setting for the elderly. In-house activities include book reviews, arts and crafts, muscial presentations. Continued involvement in the community for movies and cultural programs and visiting other CJE sites is encouraged. Transportation and volunteer workers are provided for assistance.

STAFF

24-hour coverage by Residential Care Workers.

Physician, psychiatrist, social worker, registered nurse available from the Evaluation Service Center as needed.

COST

Full cost of services - $30.00 per diem. For those unable to meet full cost fee adjustments are made on an individual basis.

Further inquiries should be addressed to:

Council for Jewish Elderly
One South Franklin Street
Chicago, Illinois 60606
(312) 346-6700

COUNCIL FOR JEWISH ELDERLY

FEDERATION STAFF REPORT - RESPONSE

TEMPORARY RESIDENCE

The staff indicates that CJE sees TRP as a priority program. Prior to any specific responses, let me first explain a little about this special and unique service. As you just saw in the slide presentation, a special section in a residential hotel is used to provide a homelike atmosphere for people in temporary crises. The need for this was spelled out in the original Gerontological Council Report as a major need in the community. The attached page of that report clearly identifies the need. In addition, many of you know that in 1977 CJE and Federation received the Schroeder Award from the Council of Jewish Federations for TRP as the outstanding program innovation in all the Jewish Federation agencies around the country.

Here are some facts from a recent study concerning TRP. Since TRP opened in October, 1975, 251 people have been served. From the total population of 251 visits, a sample of 75 individuals were randomly selected for further study. Case files were scanned and the results of this retrieval are contained in this report.

First, various descriptive indicators are summarized on Page 2 of this report. Among the notable observations:

a. Average age of TRP users = 78

b. Two thirds of the users are female, one third are male.

c. One half the users live alone and one quarter live with their spouse. This implies that 75 percent are living "independently".

d. Two thirds of the users are widowed.

e. About one half of the TRP users sampled were from East Rogers Park. Other geographic areas which were markedly represented included: West Rogers Park (20% of sample) Edgewater, Uptown, Lakeview and Skokie (each represent 5 - 10 percent of the sample).

f. Finally, for about two thirds of the users, TRP was the first CJE service received by a client. For this subgroup, it should be noted that a relative made the initial call to the agency about 60 percent of the time, and an agency (hospital, social service agency) made the initial contact about 40% of the time.

A second general purpose of the study was to examine both the reasons for staying at TRP and the "alternatives" open to clients and their families if TRP were not in operation. First, consider the reasons for TRP entry:

1.	post-hospitalization discharge	46%
2.	family vacation	5%
3.	diagnostic evaluation	8%
4.	pending nursing home placement	3%
5.	spouse or other supportive person hospitalized	9%
6.	relief of spouse and/or family	14%
7.	housing emergency	5%
8.	other	9%

While most of the categories in the Table are self-explanatory, category #6 entitled "relief of spouse/family" may need special clarification. The client's needs may be such that extreme demands are placed on the spouse or family if the client is to be maintained in the community. This category #6 refers to those users who entered TRP in order to "relieve" the spouse of these demands during particularly stressful times.

The next table contains a breakdown of the alternatives to TRP:

	Percent of Known Alternatives
1. short-term nursing home convalescence	48%
2. remain in the home without services	13%
3. remain in the home with family involvement	13%
4. remain in the home with CJE services	25%
5. remain in the home with services of another agency	1%
undetermined alternatives = 26 out of 74 =	35%

From the categorization of alternatives to TRP, it can be seen that a large portion of the TRP users were facing the possibility of a convalescent stay in a nursing home or long-term-care facility. Furthermore, for some of the TRP users, the appropriate alternative to TRP would have been some combination of CJE in-home services. Finally, the notable aspect of the analysis of the alternatives to TRP is the large percentage of cases for which no alternative service can be delineated.

If other alternatives to TRP are examined as to what would have happened to these people without TRP, an interesting pattern emerges. 59% of those who entered TRP for post-hospitalization service, face the alternative of convalescent stay in a nursing home. Furthermore, 56% of cases who are using TRP for relief of spouse or family have no alternative to TRP.

Short Term, In-Patient Care Unit

Older people (to a greater extent than younger people) frequently face physical and mental problems that interrupt and disrupt their lives. The manner in which the older person copes with these problems is related to his emotional and his physical stability and the types of internal and external supports he can call upon. Does he have friends or relatives who can see him through the crisis? Does his physical health impede his ability to cope? Does his economic situation allow him to cease being productive while he works on the problem? Does he have a place to stay while he works out the problem and plans for the future?

The Community Health Center for the Elderly, in cooperation with the Evaluation-Service Center, will offer through its Short Term, In-Patient Care Unit a resource within which the older person can seek assistance in dealing with these problems. The individual may enter the Short Term Unit, receive appropriate care, and be assisted in returning to his home, or working out new plans.

For many older persons, short term care provided during a period of crisis is a life saving service.

The flexible use of staff and physical facilities will offer to the older person and his family a program designed to provide a broad spectrum of health services on a shot term, in-patient basis. The older person might use such a service in managing minor physical or emotional problems that are too difficult to manage at home and are not ordinarily handled in the general hospital. The older person might also use the services provided in this program to deal with more complex medical or health problems, but again, more appropriately handled in a nursing care program than in an acute general hospital. The thrust of this program is oriented to assisting the older person in moving back out into the community, rather than keeping him in a special institution.

The Short Term, In-Patient Care Unit is not to be compared with an acute hospital, a nursing home, or an "extended care facility." The service design emphasizes personal care, assistance in relation to social emergencies, rehabilitation, and preventive care.

Although this program may be considered to be a nursing care program, the flexibility incorporated in its design permits the development of highly individualized service plans of a non-nursing character as well. Older people may come into the Center on an overnight basis or may utilize the program for three or four weeks. The Short Term program can provide a resource for those individuals who no longer need hospital care and yet are not prepared to return to their own homes. An aged individual in failing health who lives with an adult son or daughter may arrange for temporary stays in the Community Health Center when his relatives are away from home.

COUNCIL FOR JEWISH ELDERLY

Mr. C.

- Age 76

Chelsea House

POST HOSPITAL HOUSING EMERGENCY

Mr. C. had been attacked by a gang of teenagers on a CTA bus in December, 1977. He was hospitalized with a fractured hip and a dislocated shoulder at Northwestern Hospital. Client was unwilling to return to his former hotel because he had been robbed of his savings and the room had been set on fire.

No family in the area, very minimal social contact with others. Earned his living as a food and novelty vendor in ballparks.

At TRP he was seen and evaluated by a caseworker. Given his condition, casework services were seen to use TRP in order to facilitate his physical recover; to provide assistance with residential relocation; and to negotiate public aid and benefits. Client appeared to benefit from TRP, as it reconstituted in a limited way, a familial/social environment.

He made a friend at TRP who is also living at the Chelsea House.

In the interview he asked to be remembered to the TRP staff and spoke about them warmly. If he had not been at TRP he would have gone to a nursing home and may or may not have been able to leave because of his multiple physical problems.

Mrs. M.   Age 70

Nephew, Mr. E.

Vacation stay - family relief   8 visits in 1977-1978

Mrs. M. due to a childhood-injury which left her with mobility problems and some minimal brain damage has had to live in a protective setting. She lived and was very dependent on her older sister until the sister died. At that point a family conference was held. Her remaining siblings, who are older than she, did not feel they could take her in. Institutionalization was suggested at that time. Her nephew, Mr. E. felt a responsibility to keep her out of an institution. He felt that she needed to remain in the family and recognized that there were not any institutions available that could meet her special needs.

She came to live with her nephew, his wife and two young children. This involved moving to a larger apartment so that she could have her own room. Mr. E. and his wife are working together in their own business. Soon after Ms. M. joined their family they called CJE for assistance with activity planning for Ms. M. When they were told about TRP they were delighted because it meant they would be able to have more flexibility and some relief in caring for Ms. M.. An additional benefit has been the support Mr. E. and his wife have received from the social service staff in the process of adjusting to their new family member.

If TRP had not been available institutionalization might have been necessary because of the emotional strain on the family and their need for flexibility because of their developing business.

SOURCE: COUNCIL FOR JEWISH ELDERLY/JEWISH FEDERATION OF METROPOLITAN CHICAGO

MODEL VII

THE ADVISORY BOARD TO THE NEW YORK CITY
DEPARTMENT OF SOCIAL SERVICES
250 Church Street, 15th Floor
New York, New York 10013

Thomas McKenna
Chairperson

THE DSS ADVISORY BOARD

REPORT ON

SHELTER SERVICES FOR THE HOMELESS

I. Introduction

On April 20, 1983 the Department of Social Services Advisory Board unanimously approved its report on Shelter Services for the Homeless. The report examines the needs of the Homeless and provides the Administrator/Commissioner of Human Resources Administration with recommendation on services for the Homeless.

The DDS Advisory Board extends its sincerest appreciation to Mr. Bertram Beck for serving as Chairman of the Shelter Committee and to the following Shelter Committee members for their services: Thomas A. DeStefano, Shad Hoffman, Cleveland Kirkpatrick, David Liederman, Dennis J. Monadran and Bernard Sniffman.

Special thanks to HRA staff for assisting in the coordination of all meetings and for the preparation of this report.

TO: Shelter Committee

FROM: Grizel Ubarry, Special Assistant
to the Administrator

SUBJECT: Description of HRA's Shelter Program and Services

Below is a summary of HRA's shelter programs and services prepared by our staff.

New York City's commitment to provide shelter to all who request it involves the participation of nine (9) City agencies. The diversity of the agencies involved reflects the fact that City services for the homeless go far beyond the provision of temporary shelter and meals. These services include medical care, mental health services, employment programs, assistance in applying for SSI and public assistance, and relocation to appropriate long-term living arrangement. Outreach has become an important priority. Several agencies have committed staff and vehicles as part of the effort to make contact with homeless persons who are not making use of the shelters.

A. Shelter Facilities

Since January 1978, the City has significantly expanded its effort to shelter and care for homeless men and women. The total cost of this Human Resources Administration (HRA) administered program has grown from $7 million in 1978 to $38 million in FY 1983. In FY 1984, HRA expects to spend $53 million. Eleven (11) new shelters containing 2,500 beds for men and 470 beds for women have been opened; these facilities have doubled the capacity for men while increasing ten fold the City's ability to shelter women. Taken together, the City's shelter system contains more than 5,000 beds situated in 14 shelters and lodging houses. The services provided by this system include food, a bed, showers, clothing, recreation, medical and psychiatric services, and social and other support services.

In June of 1981, HRA released a request for proposals asking non-profit organizations to submit proposals to operate City-funded shelters for the homeless. Twenty-five (25) proposals were submitted and eight (8) are now in the process of developing programs. Subject to Board of Estimate approval, the City will allocate up to $5 million for the creation of approximately 500 beds. HRA is now meeting with the selected applicants in order to further refine these proposals.

B. Outreach Efforts

1. Midtown Storefront Centers

HRA entered into contracts with two (2) Midtown outreach centers -- the First Moravian Church, at 154 Lexington Avenue, and the Antonio Olivieri Center at 257 West 30th, in early 1981. These facilities are now open 24 hours a day, seven days a week. (In January 1983, an average of 60 women and 80 men visited the Moravian Church each evening while attendance at the Olivieri Center, which serves only women, was 69). Last July, HRA increased its funding for the

Olivieri Center to enable it to lease the nearby Travelers Hotel. Thirty-five (35) women are nor staying at the hotel.

2. Transportation to Shelters from Outreach Centers

At the end of January 1982, HRA instituted van service from the two (2) Midtown outreach centers to bring homeless women to the municipal shelters to sleep. There was concern that the need to travel to the shelters on their own might be a barrier to women staying at the shelters.

The vans now stop by the outreach centers twice a day, at 8 a.m. and at 8 p.m. to transport women who wish to go to the Women's Shelter or to the annex at 222 East 3rd St.

3. Midtown Outreach Van

Outreach workers have been offering shelter to the homeless women who congregate in Penn Station, Port Authority and Grand Central areas since August, 1981. Five (5) evenings a week, the outreach team talks to the women and offers them coffee and cigarettes. If the women choose to accept shelter, a van is available to take them to the Women's Shelter. As of February 30, 1983, 457 (or 5 percent) of the 8,371 women contacted by the Midtown outreach team have accepted shelter.

4. Subway Program

On March 15, 1982, a special outreach project was initiated jointly between HRA and the NYC Transit Police. A team comprised of four (4) police officers and one (1) sergeant from the Transit Police and one (1) caseworker, one (1) community liasion worker, one (1) institutional aide and a driver from HRA (plus a van) now visit subway stations and terminals five (5) nights a week. Police personnel escort the homeless to the van where they are offered sandwiches and coffee. During the period March 15 through December 30, 1982, 6,109 contacts were made involving 4,173 different persons. Of the total contact, 70 percent accepted transportation and 58 percent of those persons accepted services. About 44 percent of these contacts have been with people seen more than once.

5. Central Park Outreach

Beginning on December 2, 1982, the City began reaching out to homeless persons residing in Central Park. A three (3) person HRA team is escorted through the Park by Police Department personnel on Tuesday and Thursday mornings from 1 a.m. until 3 a.m. Homeless persons approached by the Police are referred to this team for assistance and possible referral to a shelter. As of January 6, 52 persons have been contacted by the program and 6 have accepted services.

6. Mental Health Outreach

Four (4) mental health mobile street outreach programs operate in Manhattan. Administered through contracts with municipal and voluntary organizations by the Department of Mental Health, Mental Retardation, and Alcoholism Services, these programs offer services to the mentally disabled men and women who will voluntarily (with the exception of Project HELP) accompany the outreach team to a treatment facility or social service agency.

The Goddard Riverside Community Center Project Reach Out serves Manhattan's West Side, between 59th and 110th Streets, and all of Central Park. The Center's Central Park outreach staff is composed of two (2) teams of outreach workers who use a van and driver provided by the Parks Department as well as a van and driver funded through City Mental Health. Between July, 1979 and October, 1982, 5,618 different individuals were contacted by Goddard Riverside.

The Manhattan Bowery Project (MBP) similarly operates a Midtown Outreach Program, which includes coverage for Time Square. The MBP team, which is supplemented by a City worker, contacted 3,500 different individuals between May, 1981 and December, 1982. A third program is a mobile rescue team based in Gouverneur Hospital called Project HELP, which serves the area below 59th Street to Battery Park. In addition to its mental health outreach services, the MBP operates two (2) street rescue teams in Manhattan. These teams attempt to identify alcoholic persons on the verge of convulsions or delirium tremens. One (1) team operates on the Bowery from 14th Street to Canal Street; the second canvasses the New York City Police Department's 20th Precinct. The teams accompany individuals who voluntarily accept services to a detoxification program. Both teams are composed of Police Department plain clothesman and a Manhattan Bowery rescue aide.

7. Project HELP

Project HELP — administered chiefly by the Health and Hospitals Corporation (HHC) -- provides mobile street assessments for homeless psychiatrically frail individuals in psychiatric, medical or social distress. Through Project HELP, a mobile unit staffed by a medical doctor/psychiatrist, nurse, and social worker, can provide emergency services for the homeless. These services include screening and assessment, referral to shelter, and, if appropriate, involuntary transport for a psychiatric exam at a hospital. The program is a joint effort of the Department of Mental Health (DMHMRAS), HHC and HRA. It is anticipated that police officers will be a referral source to Project HELP. It is funded by State Office of Mental Health and Community Support Systems (CSS) funds. It is operated by the HHC at Gouverneur Hospital.

Project HELP's catchment area is Manhattan below 59th street. It is in operation seven days a week from noon until 8 P.M. Between November 1, 1982 (its starting date) and February 20, 1983, Project HELP made contact with 960 persons. On-going monitoring of homeless individuals is also performed by the Project HELP team.

B. Police Department Services

The Police Department provides assistance to the homeless on a daily basis in a myriad of ways. Police officers are often the first contact a homeless person makes when seeking aid. In July 1982, HRA and the Police Department initiated a joint 24-hour outreach program, which covers Manhattan from 59th Street to the Battery, river to river. Under this program, police officers offers assistance to homeless individuals who appear to be ailing, injured, or confused. If an individual agrees to accept shelter, the officer calls a special HRA number and a van is dispatched to pick up and transport the individual to a shelter. Police summon ambulances or provide other transportation to hospitals if an individual is in need of medical care.

C. Medical Services

Through a contract with St. Vincent's hospital, the City provide on-site services five days a week at the Men's Shelter, and the Charles Gay Shelter Care Complex for Men. In addition, a St. Vincent's doctor visits the Olivieri Center on a regular basis. When necessary, the St. Vincent's medical teams refer shelter residents to the hospital for emergency and clinic services.

HRA operates a full-service clinic for women shelter residents at the Women's Shelter at 350 Lafayette. Women who require extensive medical treatment are referred to Bellevue. The possibility of having Gouveneur Hospital provide on-site and back-up medical services for the two (2) Manhattan women's shelters and King's County Hospital for the two (2) Brooklyn shelters is now being studied. There is also a full service clinic operating at Camp LaGuardia. On-site clinics are planned for all permanent shelters.

D. Psychiatric Services

The New York State Office of Mental Health (SOMH) funds screening teams or either a full or part-time basis at the Men's Shelter, the Gay Complex, the East New York Men's Shelter, the Pushwich Shelter, and the two (2) women's shelters in Manhattan. These teams, when necessary, refer shelter residents to hospitals or to appropriate social service agencies. About 20 percent of the psychiatric admissions to HHC hospitals are homeless persons.

In addition, there are Community Support System (CSS) teams at the Men's Shelter and Gay Complex, which provide mental health/rehabilitation services to about 200 men. Applications have been made to the State to place on-site CSS teams at all permanent full-time shelters.

HRA psychiatrists provide either full-time coverage at City shelters or are available on-call. They also make regular visits to the two (2) Midtown outreach centers.

Recently, the City Department of Mental Health entered into an agreement with the East New York Mental Health Clinic and HRA which allows the former to provide mental health services to approximately 100 men at the East New York Shelter.

A new contract with the Manhattan Bowery Project has also been developed to provide crisis intervention services at seven (7) shelters operated by voluntary agencies in both Manhattan and Brooklyn. It is expected that MBP will provide a valuable resource for voluntary groups offering services to the homeless.

In addition, the Bowery Residents' Committee provides social rehabilitation, sobering-up and mental health/rehabilitation services to aproximately 200 homeless men who do not utilize municipal shelter services. Finally, the City is contracting for sobering-up station services in three of the five boroughs. The new sobering-up stations will have the capacity to aid more than 100 persons at any one time. In the aggregate, the five (5) sobering-up stations report that 83 percent of the clients they serve are homeless.

E. Church and Synagogue Program

In the winter of 1981-82, the Mayor called upon the City's religious community to open its doors to the homeless. Three (3) religious institutions operated shelters last winter, and many others considered providing services and asked to discuss this with City officials. For the three (3) operating programs HRA provided beds, linen and linen cleaning services, transportation and technical assistance.

This winter, many religious organizations came together and formed the Partnership for the Homeless. The City supported this effort and provided the same supplies and assistance that it did last winter to every religious organization which served the homeless. In addition, efforts have been made to assist these facilities with fuel costs. As of March 1983, there are 46 churches and synagogues sheltering more than 470 homeless men and women every night.

F. Referrals Out of the Shelter System

With the increase in and changing nature of the homeless population, HRA has developed a number of programs to refer residents out of the shelter system to more appropriate housing. Because of the diversity of shelter residents themselves, these programs vary; some are aimed at those capable of independent living, while others focus on those who may need long-term protective care.

Most of the referral projects described below began in the winter or spring of 1981-82. They constitute an important component of the City's current and future strategy for the homeless.

1. Supplemental Security Income (SSI) Project

Because many homeless persons were potentially eligible for SSI, but were often unable to navigate the application and appeals process, it was arranged for teams of workers from HRA, the State Office of Disability Determinations and the Social Security Administration to make on-site visits to City shelters and outreach facilities. Prior to the visits, shelter staff screens clients, completes SSI applications, and prepares background material. Approximately 80 percent of client applications are initially rejected. All such actions are appealed by HRA.

Between November 1981 and February 1983, 390 persons were seen by the shelter outreach teams; 150 have been accepted for federal benefits. Eighty-nine (89) of those accepted are receiving SSI for the first time, the other 61 persons had lost their SSI benefits for a variety of reasons and were reinstated as a result of the project. Seventy-four (74) of those accepted were women, 76 were men.

2. Adult Homes and Family Homes Project

In January, 1982, a pilot project on behalf of shelter residents was initiated with a small number of adult homes. The project uses special shelter staff to screen potential applicants and to take them to adult homes for a visit. Caseworkers expedite paperwork required for placement and work with both the homes and the clients to achieve this end. As of February 28, 1983, 235 persons were placed.

A similar pilot for placing homeless women in Family Homes for Adults began in April 1982. These facilities are similar to boarding homes with a maximum of four (4) clients living with a host family in semi-private rooms in private homes or apartments. Through February 28, 1983, twenty-four (24) women were placed.

3. Public Assistance Project

In May 1982, HRA began a special project to refer shelter residents for public assistance. Shelter staff received special training on eligibility requirements to enable them to screen and refer prospective clients. Appointments are set up and transportation is provided by shelter staff, who also complete most of the necessary paperwork. As of February 26, 1983, 1,272 persons were accepted for public assistance. Once accepted, most clients become self supporting and no longer require emergency food and shelter.

4. SRO Housing Program

This program, which uses the resources of the Department of Housing Preservation and Development (HPD), HRA and the Mayor's Office of SRO Housing, was created to identify suitable apartments for shelter clients capable of independent living. More than 100 single rooms were identified to be repaired at an average cost of $2,000 per unit. HPD staff is working to meet the program's goal of 100 units by June 30, 1983. HRA provides furniture, selects clients from the shelter system, conducts rent-up, and provides follow-up social services during an initial adjustment period. As of March 25, 1983, 27 rooms have been repaired and are occupied. This is an important program which the City is committed to continuing.

5. Community Residence Program

This is the State program in which the State Office of Mental Health (OMH) contracts directly with voluntary not-for-profit agencies to operate special residences for mentally disabled persons. Half of the clients in these programs are referred directly from State hospitals; the remainder are referred by their communities. There are approximately 1,000 community residence beds located in New York City.

City representatives met with officials from the State in April 1982, to discuss ways to improve utilization of community residence beds for shelter residents who are mentally ill. Field visits to several programs were made in early May. A meeting with program providers took place in July at which HRA described the municipal shelter program and distributed names and telephone numbers of designated liaison persons at each shelter. A letter was recently sent to State officials informing them of the HRA/City Mental Health belief that this program is not appropriate for the vast majority of mentally disabled homeless in City shelters and suggesting the need to work together on a new program for these clients. (In the fall of 1981, the City requested that the State establish special shelters for mentally disabled persons who are homeless). Many of the mentally-disabled are not capable of functioning at the level required by the residences. Only 13 placements generated by the shelter program were made between January 1982 and February 28, 1983.

G. Employment Referrals

1. Employment Team

In late 1982, a team of employment specialists has been assigned to work on-site at the shelters to assess the skills of clients and to find jobs for those qualified to work. Based at the Men's Shelter on East 3rd Street, the team will travel to other men's shelter to work with clients.

2. Federation Employment and Guidance Services (FEGS)

A new program with the Federation Employment and Guidance Services (FEGS) a private non-profit organization which specializes in employment counseling and testing, started in August, 1982. Under this program, 100 shelter clients will receive employment counseling and placement services.

H. Temporary Shelter Program For Families

HRA operates on-site social services programs at three (3) hotels and four (4) shelters where families are temporarily housed when they have become homeless through fires, vacate orders on their buildings, or evictions. At present, 1,695 families, almost 6,500 individuals, are provided for in these programs. Four (4) programs are located in Manhattan at the Martinique and Regent hotels, and the Convent Avenue and Harlem Teams shelters. The two (2) Brooklyn programs are located in the Granada Hotel and the Amboy Street Shelter. The Fox Street Shelter is located in the Bronx.

The families are helped with their public assistance or food stamp questions, in resolving the many social problems that confront them because of the loss of their home, and in securing proper school and health referrals. HRA workers also assist clients at the Department of Housing Preservation and Development's (HPD) Relocation Offices in Brooklyn, Queens, the Bronx and Manhattan.

New shelters for families are being developed. The New York City Housing Authority is developing a second Urban Family Center which will have 100 units. In addition, HRA is developing an HPD for the creation of another 100 unit shelter which will be run by a non-proft organization.

1. SRO Tenant Services

Working with HRA and other City agencies (HPD, and the Health, Building, Fire and Police Departments) the Mayor's Office of SRO Housing has expanded its efforts to improve the living conditions of SRO tenants. SRO Housing arranges interagency inspections, follows-up on enforcement requirements, recommends litigation, makes referrals to other agencies, and provides direct services to individual tenants who require assistance in mediating disputes with owners. There is a city-wide 450 building caseload.

SOURCE: THE ADVISORY BOARD TO THE NEW YORK CITY
DEPARTMENT OF SOCIAL SERVICES

MODEL VIII

THE ARK

PROPOSAL FOR EMERGENCY SHELTER PROGRAM

INTRODUCTION

The need for short-term emergency housing for homeless people in crises has been identified as a major need in the Jewish community. The Ark has responsibility for coordination and administration of the Emergency Shelter Program as part of Phase 1 of the Planning Project for Services to the Economically Disadvantaged. Affiliate and beneficiary agencies of the Jewish Federation with appropriate clients will participate in the service.

ADMISSION CRITERIA

Jews who lack, or will lack housing within 48 hours, are appropriate referrals, either by themselves of through others to the Shelter Program. Clients must be people without fiscal resources to pay for shelter.

It may become apparent that the individuals who are interviewed are inappropriate candidates for this program, in that the initial referral assessment by the client was in error. They do in fact have basic housing, and the housing does not pose a threat to others or to themselves. These individuals will be referred to other agencies for further evaluation. The referral in itself would suggest that problems, though not in the domain of the Shelter Program, do in fact exist, and need to be addressed.

It is also possible that, although the referral may be appropriate, the realistic alternative solutions that are available within the Shelter Program may be inadequate. In the context of a specific client, the shelter solution available may be less helpful than his present circumstances. Therefore, it may be best that such a client be referred to another agency or program.

DESCRIPTION OF THE ANTICIPATED CLIENT

There is a wide diversity in the potential client population that may either combine several common features, or present unique problems. The following represent a number of general groups of homeless and economically disadvantaged Jewish clients, some of which may have overlapping problems:

1. Transients passing through town.
2. Indigent clients who have been evicted or whose leases or rentals have expired.
3. Families or individuals who have been burned out of their homes or apartments.
4. Runaway youths.
5. Battered women, with or without children.
6. "Bag people."
7. Clients who are frequently evicted because of inadequate care or abuse of their apartments.
8. Alcoholics with acute or chronic problems.
9. Clients with problems of substance abuse.
10. Patients discharged from psychiatric institutions, hospitals, or nursing home facilities, with what proves to be inadequate or inappropriate housing.
11. Clients with psychiatric illness or dementia with:
    a. Acute or sub-acute psychotic breaks.
    b. Chronic psychosis with gradual decompensation.
    c. Chronic, stable psychiatric disorders with changes in their external environment necessitating change.
12. Clients with physical illness with:
    a. Acute or sub-acute organic disease.
    b. Chronic illness with gradual decompensation such as that in a and b they can no longer function in their previous setting.
    c. Chronic stable illness with changes in their external environment necessitating change.

PART 1 - SCREENING PROGRAM

An evaluation process will be initiated on entrance into the Emergency Shelter Program to assess the individual and his particular needs. During this period of assessment, the client will receive temporary housing or care relative to his specific problems and apparent needs. This temporary housing will hopefully be less than one week. For some people, decisions may be made immediately, and within 24 hours short term solutions may be initiated. Other situations may require an intensive period of investigation before recommendations and referrals are made for longer term solutions. The scope of the evaluation program when appropriate, would include the following:

1. Medical evaluation to determine the patient's physical limitations such as activity, diet, need for supervision and help, medications. Potential or real problems such as contagious disease, incontinence, use of wheelchairs or walkers, visual or hearing impairment, anticipated crises, prognosis, and need for emergency care or hospitalization will be evaluated.

2. Psychiatric evaluation for competence, emotional stability, potential for harming themselves, others, or property, ability to function as part of a group or alone with preferences for either setting, need for psychiatric hospitalization, medication, referral for long term follow-up, need for immediate police intervention, alcohol abuse or drug abuse, history of being sexually abused, abusive, promiscuous, or homosexual.

3. Social service evaluation by interview and review of previous contacts with other workers who have dealt with the client in the past. Areas of obvious interest and concern to be clarified are family

status, financial situation, government support or aid, community and support mechanisms by friends, religious needs and special relationships with synagogues or Rabbis, clarity of legal status or problems such as guardianship and need for protective services.

We will integrate the emotional, physical, and social aspects of the individual, stressing his strengths and with concern for his weaknesses. On the basis of the above information, recommendations will be made to send the client to several longer term programs to be described in Part 2. In other situations the "emergency" status will have been dealt with within the limits of the program, and/or the crises resolved. Then the client will be discharged from the program to his previous status or life style. It must be noted that there will be clients with problems and complex histories that we will not be able to serve at all.

The continuity of involvement of previous social workers with the client will be maintained, and resumed as is felt appropriate in context of the individual client.

It should be noted that discharge from the Emergency Shelter Program is the goal of admission. Planning will begin immediately to refer or develop plans for the most realistic solution for long term problems.

Interaction with and support from other non-Federation private or government agencies or programs will be explored as to their advantages or disadvantages.

The Emergency Shelter facility will consist of several rented apartments and motel rooms, with or without supervision, depending on the situation. Medical and psychiatric evaluation will take place at The Ark or other offices of the Ark staff, or at the Touny Satellite of Mount Sinai Hospital. The social service screening will occur primarily at The Ark, by the Administrator Social

Worker of the Emergency Shelter Program in conjunction with the other Jewish Federation Agencies. Staffing will include a full time Administrator/Social Worker, and caretakers to sleep in an apartment near clients for nighttime supervision.

PART II - DISCHARGE PLANNING

By virtue of the scope of problems and needs that the anticipated clients will have, several approaches regarding discharge will exist. For some clients it will be appropriate that they be given housing only for one night. Others will need to be "readmitted" on a day-to-day basis. Still others will need the security of knowing they have a commitment of housing with supervision and care in a shelter facility for at least one week, with a commitment to help them find facilities for more permanent living arrangements.

A spectrum of options regarding emergency and longer term facilities, housing, or institutional care will be developed to be able to help refer clients from the Emergency Shelter as carefully as possible. These facilities will include the following:

1. Medical or psychiatric beds at Mount Sinai and Michael Reese hospital.

2. Nursing homes. At present there is a commitment to accept several indigent Jewish patients per month on a rotating monthly schedule of Jewish-owned nursing homes.

3. Private homes. At present there is a commitment to accept stable individuals from the shelter program into homes of individuals or families in the Jewish community for short term stays.

5. Respite Program of the Council for Jewish Elderly. This will help maintain individuals in their own home setting, thereby either obviating the need for emergency shelter, or making possible their return from the shelter back home.

5. JCB's program for children and youth in need of shelter.
6. Rental of apartments or motel rooms for weeks or months by appropriate Federation agencies, JF&CS and The Ark, while client is helped to apply for government aid.
7. Community sponsored or initiated programs for supervised unit dwelling in apartment buildings, such as being developed in Albany Park by H.E.L.P.
8. Use of under-utilized facilities or buildings in the Jewish community where, especially in winter, there may be need for large numbers of individuals to have access to warmth and sleeping accommodations. Suggested institutions to explore are Synagogues, educational facilities, and community centers.
9. Development of private or not-for-profit Jewish half-way houses and retirement homes.

In principle, the greater flexibility and wider range of options that are available, the greater is the likelihood that clients will have a chance of being given optimum care and referral.

In dealing with the above suggested referral homes and facilities, there is very deep concern that the quality of care and supervision be carefully evaluated and checked frequently. Critically serious questions regarding licensing, legal responsibility, insurance factors, and the basis for selection need to be clarified regarding the entire previous list, as well as the Emergency Shelter Program itself.

SUMMARY

This presentation is the proposed model for an Emergency Shelter Program. It consists of a flexible evaluation and screening program that would provide housing for up to about one week. It is integrated into a second phase project of developing a spectrum of facilities and homes where clients who are briefly housed in the Shelter Program will be able to be referred for longer term care and help.

At this time, it is unclear as to how many individuals will need this type of care, and what the full scope will be of the types of individuals who need this care. It is hoped that the project will help clarify these questions, and at the same time, provide the necessary services for these people. The project has been conceived to be initially small and flexible, without using large capital expenditures. Maximum use of existing resources in the community will be sought, both within the private sector, as well as within the Federation and its Affiliated agencies. With time it is expected that changes in the program will evolve as the problem areas become clearer. It is possible that other target groups may be identified or approached in a preventive fashion, e.g., patients being discharged from the state psychiatric hospitals who are referred initially to non-Jewish programs or inappropriate facilities, and then are subsequently seen at Federation Agencies in a crisis state.

THE ARK SHELTER P

BUDGET

EXPENSES

Staff:

Administrator/Social Worker of Shelter Program (9 months with fringes)	$ 19,500
Night Caretaker/Supervisor of apartments and clients (8 months)	8,000
Agency Administration and Supervision	10,000
Medical Treatment & Psychiatric Evaluation	10,000
Sub-Total:	$ 47,500

START UP COSTS:

The ARK Shelter Office (2nd floor of The ARK) Renovation of two rooms and bathroom	$ 6,600
Apartment supplies/furniture	1,500
Sub-Total:	$ 8,100

OVERHEAD EXPENSES:

Heat, electricity, telephone in Shelter Office (9 months)	$ 2,250
Insurance on three apartments (8 months)	1,200
Cleaning expenses	500
Sub-Total:	$ 3,950

OPERATING EXPENSES:

Rental of three apartments (8 months)	$ 5,360
Rental of two motel rooms (8 months)	6,300
Bus tokens for transportation to Shelters (8 months) average of 6 people @ $1 daily/5 days a week	1,045
Food/meals at kosher restaurants (8 months) average of 6 people @ $10.00 each daily	14,475
Sub-Total:	$ 27,180
TOTAL:	$ 86,730

	Fiscal Year October 1, 1983 - June 30, 1984
INCOME	
ARK cash contribution for Office/Bathroom Renovation	$ 6,600
Additional ARK funds for Shelter Program Operation	10,000
ARK Staff & Volunteer Services (In-Kind):	
Administration and Supervision	10,000
Medical Treatment and Psychiatric Evaluation	10,000
Sub-Total:	$ 36,600
Emergency Food & Shelter Program (FEMA):	
Purchase of Meals at Kosher Restaurants (FEMA I)	$ 500
Rental of three Apartments (FEMA II)	5,360
Rental of two Motel Rooms (FEMA II)	6,300
Apartment Furnishings (FEMA II)	1,500
Cleaning Supplies (FEMA II)	300
Sub-Total:	$ 13,960
TOTAL EXPENSES:	$ 86,730
LESS TOTAL INCOME/IN-KIND:	50,560
REQUEST FROM SPECIAL FUNDS FOR DISADVANTAGED PROJECT:	$ 36,170

SOURCE: JEWISH FEDERATION OF METROPOLITAN CHICAGO

9/14/83

Homeless But Not Helpless

Innovative housing and service programs meet emergency shelter needs in Albany County, New York.

by Doug Sauer

Who are the homeless? Why are their numbers growing? What are their needs? How can communities effectively respond?

Questions like these are being asked across the country as homelessness emerges as one the most significant social problems of the '80s.

Albany County, New York, has found some of the answers through a two-year community planning effort coordinated by the Council of Community Services of Northeastern New York, Inc., a United Way planning agency.

Working together, the council, United Way of Northeastern New York, Capital District Travelers Aid Society, and 30 other public and private agencies have produced some of the most detailed descriptive information currently available on the homeless population. They have used the data to design and implement a number of innovative housing and service programs that, together, create a comprehensive system for meeting emergency shelter needs in Albany, County.

The system functions smoothly because of a Centralized Emergency Shelter Intake Service (known as CESIS) which operates 24 hours a day. With CESIS, any homeless individual in Albany County needing emergency shelter can get help quickly and efficiently.

Local agencies save time and resources with CESIS. One phone call can eliminate hours of searching for appropriate shelter for homeless individuals. When an agency refers a client, a CESIS staff member negotiates with local shelters to place that client. In addition, the staff member assures the shelters that back-up services are available should problems arise.

If all shelters are full, CESIS has the financial capability to purchase low-cost motel rooms for individuals particularly vulnerable to the hazards of street life, such as women and children.

The next day, a CESIS representative visits the shelter to assess the client's psycho-social status, then begins working with the individual to locate a more permanent housing arrangement. The CESIS staff member also helps direct the client to appropriate services.

CESIS functions as a total community effort and is overseen by a Management Committee, made up of representatives from participating agencies. Each month, the committee reports CESIS' progress to the Capital District Emergency Shelter Association, a 50-member advocacy group for the homeless.

Background

CESIS had its beginning back in late 1981, when the Capital District Travelers Aid Society requested that the Council of Community Services launch a study of Albany County's emergency shelter needs. The council responded by forming a study committee headed by council board member William Seymour.

During a six-month investigation, the committee found that the rising demand for emergency shelter far exceeded local resources. It also determined that the homeless were quite different in their backgrounds and personal characteristics. The circumstances that had led to their homelessness varied greatly as well. Furthermore, the committee's investigation affirmed that an effective and efficient emergency shelter delivery system needed to incorporate an adequate supply of temporary and permanent housing and a comprehensive array of supportive services.

The study made 11 recommendations, forming the blueprint for the community's emergency shelter planning efforts. One recommendation called for the development of CESIS.

Getting Started

Immediately following completion of its study, the Council of Com-

continued

munity Services went to work and identified providers of shelter and services who might participate in CESIS. The council identified nine agencies, each contributing a unique and vital aspect to the project.

Travelers Aid offered to provide 24-hour casework services designed to assess the needs of homeless individuals, place them in appropriate shelters, and provide case management and follow-up services.

A local crisis hotline expressed a willingness to serve as the 24-hour intake point for all referrals for emergency shelter in the community.

A local state psychiatric facility offered to assign a half-time psychiatric social worker to the project. The social worker, who would operate out of Travelers Aid, would conduct psychiatric evaluations in shelter settings of all individuals with suspected mental health problems. In addition, the social worker would help secure appropriate therapy, including hospitalization, for those individuals identified as being mentally ill.

Five shelters already operating in Albany also wanted to participate. They included two generic men's shelters, a generic women's shelter, a "sobering-up" station, and a youth shelter for runaways. Each agreed to allow CESIS to perform all intake functions and assume responsibility for placements.

The Council of Community Services functioned as project coordinator and fiscal agency during CESIS' start-up year (1982). During the second year, Travelers Aid agreed to assume, the coordinating and fiscal responsibilities.

United Way Provides Funding

United Way of Northeastern New York immediately recognized CESIS' importance in meeting the needs of the homeless. It also saw that CESIS represented an efficient system of service delivery.

Thus, United Way allocated a special grant of $20,000 to the project during CESIS' first year of operation. A local foundation supplemented this funding with a $15,000 grant. It is estimated that during 1982, donated and in-kind services by the participating service agencies totaled an additional $25,000.

CESIS was so successful in its pilot year that United Way and the foundation continued their funding into the project's second year. A special state grant of $50,000, expanded the project in 1983 so that specialized services could be directed at Supplemental Security Income recipients who are considered to be the most chronic segment of the homeless population.

The Evaluation Component

The Council of Community Services developed an elaborate plan to measure CESIS' effectiveness during its first year.

The council established an independent community committee to

continued

Albany's Approach to Homelessness— Three Years of Achievement (1981-1983)

1981

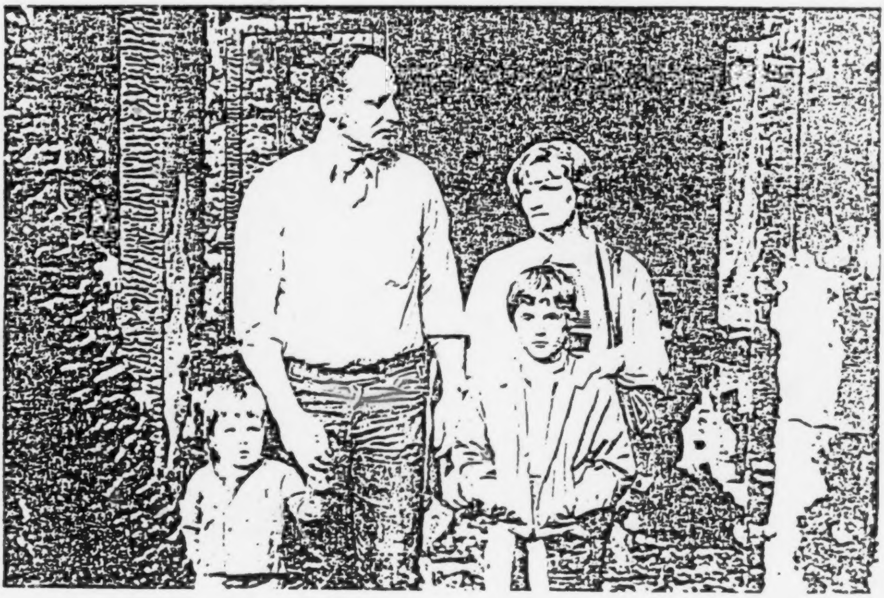
- The Council of Community Services conducts a community needs study on emergency shelters.
- A 50-member Capital District Emergency Shelter Association is formed.
- Albany County holds its first Emergency Shelter Day, an annual public awareness event.

1982

- The Centralized Emergency Shelter Intake Service (CESIS) takes shape.

1983

- Horizon House, a shelter for ex-offenders operated by Phase Out, Re-Entry, Inc. is developed.
- Catholic Charities, in cooperation with the City of Albany, develops a 50-bed, single room occupancy shelter.
- The Council of Community Services issues a research and program evaluation report on CESIS.



plan and conduct the evaluation. Chaired by Council Board Member Virginia Ryan, the committee evaluated CESIS for four months, collecting a comprehensive array of data on a sample of 296 homeless individuals.

Analysis of the data yielded information on the background, demographics and needs of the homeless. It also tracked the service system's involvement with those individuals.

In a report published in February, 1982, the committee found CESIS to be a highly effective and efficient service, sheltering 82 percent of referrals within a day, 92 percent within two days. In addition, the report identified areas in its internal program that CESIS needed to improve and noted continuing gaps in the community service system.

A Model for Action

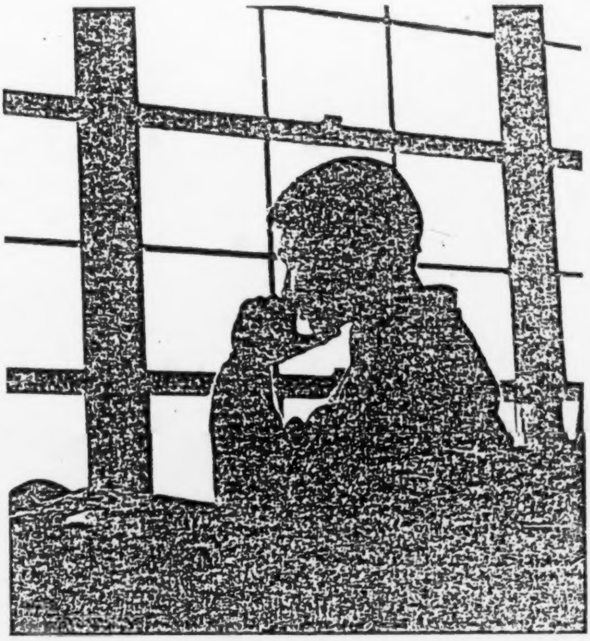
Albany's model for addressing the problem of homelessness, through projects such as CESIS, exemplifies the value of communitywide planning efforts.

The model demonstrates how United Ways, working in partnership with independent planning agencies, can mobilize communities for effective action, even when facing the most serious of social concerns.

Critical to Albany's success has been the effective integration of the elements of empirical study, public and private sector cooperation, coordinated service delivery, innovation, and compassion.

Despite its successes, Albany remains challenged by the rising incidence of homelessness. In the future, Albany County plans to establish a family shelter, mobile mental health crisis services, a volunteer home network for runaway youth and victims of domestic violence, and transitional living arrangements for older homeless adolescents. ☐

Mr. Sauer is associate executive director of the Council of Community Services of Northeastern New York, Inc. in Albany, New York.



Some Facts About Albany's Homeless

- 2,500 to 3,000 Albany residents are homeless each year.
- 37 percent are women.
- 28 percent are under 21 years of age.
- 38 percent are transients.
- 42 percent completed high school.
- 52 percent are unskilled.
- 30 percent have worked within the past six months.
- 30 percent have no income.
- 23 percent of adults are "social isolates," with no friends or family relationships.
- 13 percent have lacked stable housing for more than one month.
- 38 percent of homeless adults are mentally ill, with 36 percent having previous psychiatric hospitalization.
- 19 percent of homeless adults are developmentally disabled.
- 20 percent have been jailed or imprisoned previously.
- 66 percent have never been in emergency housing before.
- 10 percent are domestic violence victims (this includes battered women and abused children).

POTENTIAL SHELTER SITES

SOCIAL SERVICES TASK FORCE
TASK FORCE ON EMERGENCY SHELTER
JULY, 1983

PROPOSED SHELTER SITE: MUNICIPAL CONTAGIOUS DISEASE HOSPITAL
3026 South California Avenue

NOTE: The physical structure consists of a complex of five distinct buildings.

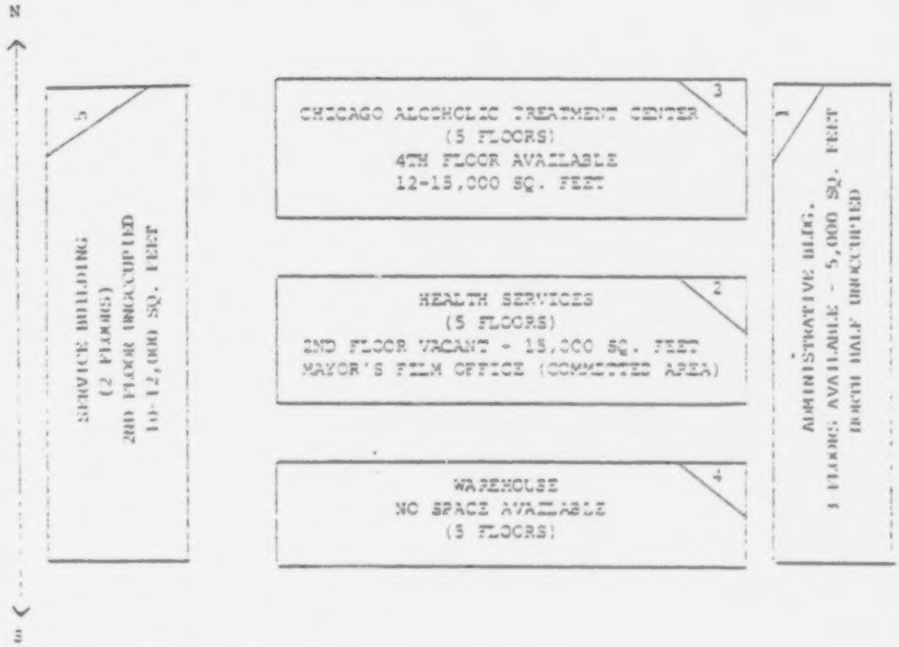
NO. I -- ADMINISTRATION BUILDING

NO. II -- DEPARTMENT OF HEALTH SERVICES BUILDING

NO. III -- CHICAGO ALCOHOLIC TREATMENT CENTER BUILDING

NO. IV -- WAREHOUSE BUILDING

NO. V -- SERVICE BUILDING



SOURCE: MUNICIPAL CONTAGIOUS DISEASE HOSPITAL/CITY OF CHICAGO

DESCRIPTION OF SPACE CONDUCIVE FOR SHELTER SITES:

BUILDING #1: ADMINISTRATIVE BUILDING

The third floor is a relatively small area consisting of 10 rooms: lavatories, showers, and baths provided; totaling 5,000 square feet; three exits; no fire exits. Ideal for small families single women.

BUILDING #3:

The fourth floor consists of an unoccupied Chicago Alcoholic Treatment Center Ward. Twenty-four cubicles, six occupant lavatories, two showers, two baths, kitchen and dining facility; meeting room; two fire escapes; two stairwells and two elevators.

Totaling: 12,000-15,000 square feet
Ideal for male/female residency
Good condition -- few structural improvement needed.

BUILDING #5: SERVICE BUILDING "OLD DISASTER AREA"

The second floor consists of 23 rooms: six/south; eleven/central; six/north; lavatory and shower available; one bath; linen closet; two exits; and one fire exit.

Totaling: 10,000-12,000 square feet
Space requiring capital improvement

SOURCE: MUNICIPAL CONTAGIOUS DISEASE HOSPITAL/CITY OF CHICAGO

SOCIAL SERVICES TASK FORCE
JULY, 1983

LAURA KRAY, DIRECTOR OF CITY REAL ESTATE, VACANT FIRE STATIONS:

1. 4002 West Wilcox
2. 405 West Chicago
3. 3542 West Fullerton
4. Washington and Clinton

VACANT POLICE STATIONS:

1. 200 East 115th Street
2. 834 East 75th Street

CATHOLIC CHARITIES--AVAILABLE SPACE (6/20/83)

1. Rev. John T. Hillenbrand
St. Peter Canisius
5057 West North
Chicago, Illinois 60639
637-2075

2. Rev. William J. Lyons
St. Joachim (Convent)
700 East 91st Street
Chicago, Illinois 60619
488-4488

3. Rev. John M. Sweeney
Holy Rosary (Convent)
351 E. 113th Street
Chicago, Illinois 60628
568-4455

4. Rev. Stephen J. O'Donnell
St. Patricks (Convent)
718 West Adams
Chicago, Illinois 60606
782-6172

5. Rev. John A. Farry
St. Bernard
340 West 66th Street
Chicago, Illinois 60621
873-4464

CITY OF CHICAGO
DEPARTMENT OF HOUSING
AS OF DECEMBER, 1982

CITY OWNED FACILITIES

4833 West Adams	2 flat, 3 bedrooms each - boarded up; good external condition, may need windows and external doors. Excellent for families.
1041-43 North Wells	boarded up; structure in fair condition - some rehab needed.
229 South Ashland	Excellent condition - seemed occupied.
23 West Van Buren	New Plymouth Hotel. Could be open for occupancy by January 1, 1983; minor repairs may be required.
609 West North Avenue	Former neighborhood site office; minor rehab needed.

PRIVATELY OWNED

1229 South Michigan	Domicile Manor - vacant motel; very minor rehab may be required.
Ogden and Madison	New Ogden Hotel - vacant.
1640 West Adams	Medical Center International House - 14-24 room furnished apartments; partially vacant.
Halsted and Jackson	Hotel New Albany - occupied.

SOCIAL SERVICES TASK FORCE

POTENTIAL SITES FOR SHELTER -- SCHOOLS

GARFIELD	840 West 14th Place
FRANKLIN	225 West Evergreen
MCLEAN	1500 West Flournoy
LAWRENCE	1 North Kildare
OAKLAND	750 East 40th Street

CHICAGO BOARD OF EDUCATION

CLOSED SCHOOL BUILDINGS

PARTIAL, FULL, AND REPLACEMENT

1971 - 1983

Full

Calhoun South - 1881 Section - 8546 S. Cregier Avenue
Emerson - 1700 W. Walnut Street
Vincennes UGC - 5059 S. Vincennes Avenue

Partial

Farragut High School - 1894 & 1907 Sections
2345 S. Christiana Avenue

Full

Arnold - 2016 N. Orchard Street
Logan Continuation - 2301 W. Belden Avenue
Residential School for Boys - 3600 W. Foster Avenue

Partial

Bousfield Special Needs - 1925 Section - 914 E. 46th Street

Full

Crane Jr. City College - 2245 W. Jackson Boulevard
Haven - 1472 S. Wabash Avenue
Headley - 2107 N. Magnolia Avenue
Sexton, J.A. - 160 W. Wendell Street

Partial

Marshall High School - 1896 & 1900 Sections
3250 W. Adams Street

Full

Brainard - 2113 W. Washington Avenue
Chicago Teachers College & Wilson Jr. College - 1899 Section
 6800 S. Stewart Avenue
Schley - 1240 N. Oakley Boulevard
Thomas - 1445 W. Belden Avenue

Full

Doniat - 1935 & 1960 Sections - 830 E. 42nd Place
Du Sable UGC - 1898 & 1937 Sections - 5030 W. Wabash Avenue
Froebel - 2021 W. 21st Street
Garfield - 840 W. 14th Place
Horner - 4111 S. Michigan Avenue
King EVGC - 2430 W. Harrison Street
Magellan EVGC - 3036 W. Ogden Avenue
Marshall UGC - 1916 Section - 3255 W. Monroe Street
Oriole Park Annex - 5224 N. Oketo Avenue
Phillips High School Br. in Abbot El. - 1890 Section
 244 E. Pershing Road

Partial

Douglas - 1889 Section - 3200 S. Calumet Avenue
Franklin - 1898 Section - 225 W. Evergreen Avenue
Hess UGC - 1922-29 Sections - 3500 W. Douglas Boulevard

Replacement

Morris - 919 W. Barry Avenue
Sheridan, Philip - 1888 & 1896 Sections
 9000 S. Exchange Street
Westcott - 1880, 1891, 1901 & 1944 Sections
 409 W. 80th Street

Full

Beale UGC - 6043 S. Sangamon Street
Forrestville UGC - 1892 & 1914 Sections - 622 E. 45th Street
[*]Goethals EVGC - School relocated - 6308 S. Stewart Avenue
Parker Elem. - 1899 & 1902 Sections - 6800 S. Stewart Avenue
Tesla - 6657 S. Kimbark Avenue
Thoreau Br. of Sauganash - 4008 W. Rosemont Avenue

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[*] Building closed, school relocated under same name.

Partial

Doolittle - 1881 & 1885 Sections - 521-535 E. 35th Street

Full

Lewis-Champlin - 320 W. Englewood Avenue
McLaren - 1500 W. Flournoy Street
Michelson Br. of Dawes - 3639 W. 78th Place
Nelson Br. of Peck - 5051 S. Hamlin Avenue
Park View Br. of Owen - 8445 S. Lawndale Avenue

Replacement

Englewood - (Phase I - 1976, Phase II - 1978) - 1887, 1898, 1906, 1918, 1938 & 1977 Sections - 6201 S. Steward Avenue
Greeley - 3805 N. Sheffield Avenue

Full

Green, Wm. - 3021 W. Devon Avenue
Lawrence UGC - 1 N. Kildare Avenue
Tennyson EVGC - 2800 W. Fulton Street

Replacement

Cooley Vocational High School - 1225 N. Sedgwick Street

Full

Armstrong, L., Spec. Educ. Fac. - 5400 W. Harrison Street
Austin High School B. - 5600 W. Washington Boulevard
Bartelme Br. of G. Armstrong - 1914 W. Loyola Avenue
Edison Annex - 6220 N. Olcott Avenue
Edison Br. - 5815 N. Ottawa Avenue
Felsenthal - 4101 S. Calumet Avenue
Hancock - 4350 W. 79th Street
Perkins - 6913 W. Strong Street
Sturgis EVGC - 4101 S. St. Lawrence Avenue
Vanderpole Br. - 9200 S. Vanderpole Avenue
Von Humboldt UC - 1437 N. California Avenue
West Garfield Park UGC - 4322 W. Madison Street

Partial

Mt. Vernon Systems Bldg. - 10540 S. Morgan Street

Full

Barnett (Mobiles) - 311 E. 109th Street
Bates - 1233 W. 109th Place
Baum Br. of Twain - 4950 S. La Porte Avenue
Birney - 120 N. Wood Street
Blair Br. of Dore - 6751 W. 63rd Place
Bryant - 1355 S. Kedvale Avenue
Cornell - 7540 S. Drexel Avenue
*Cregier Vocational High School - School relocated
1820 W. Grenshaw Street
Crerar - 8445 S. Kolin Avenue
Drew - School reopened 9/28 - 9300 S. Princeton Avenue
Duffy - 10305 S. Avers Avenue
Forest Glen Br. of Farnsworth - 4910 W. Bryn Mawr Avenue
Hookway - 8101 S. La Salle Street
*Industrial Skill Center - School relocated
2815 W. 19th Street
Irving Park - 3815 N. Kedvale Avenue
Judd - 4434 S. Lake Park Avenue
Lawless UC - 7010 S. Princeton Avenue
Lawson - 1256 S. Homan Avenue
Longfellow - 1901 W. 35th Street
Mayfair - 4626 N. Knox Avenue
Oakland - 750 E. 40th Street
*Richards Vocational High School - School relocated
3037 S. Wallace Street
Robichaux Br. of M. Jackson - 9130 S. Vincennes Avenue
Sabin - 2216 W. Hirsch Street
Scott - 6435 S. Blackstone Avenue
Sheldon Br. of Clissold - 2554 W. 113th Street
Shepard - 2839 W. Fillmore Street
South Special Educ. Cent. (Moseley)
5700 S. La Fayette Avenue
Stock Br. of Ebinger - 7507 W. Birchwood Avenue
Tarkington - 3344 W. 71st Street
Turner Br. of L. Hughes - 25 W. 113th Place
Willard - 4915 S. St. Lawrence Avenue

Partial

Beidler - 1884 & 1916 Sections - 3151 S. Walnut Street
Dewey Systems Bldg. - 1971 Section - 5415 S. Union Avenue
Kershaw - 1893 Section - 6450 S. Lowe Avenue
Ross - 1894 Section - 6059 S. Wabash Avenue
Schmid - 1948 Section - 9755 S. Greenwood Avenue

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*Building closed, school relocated under same name.

Warehouse Facilities

Zenith-Potomac - 3501 W. Potomac Avenue
4529 S. Tripp Avenue

None

Full

Beard - 6445 W. Strong Avenue
*Buckingham Branch of Warren - 9207 S. Phillips Avenue

Partial

Carver Primary - 909 E. 132nd Street
Drake EVGC - 2641 S. Calumet Avenue
Guggenheim - 1912 Section - 7141 S. Morgan Street
Parkman - 1955 Section - 245 W. 51st Street
Sumner East - 1894 Section - 4320 W. 5th Avenue
Thorp, J.N. EVGC - 8903 S. Burley Avenue

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*Buckingham closed as a regular elementary; reopened as a Special Education Center for the Emotionally Disturbed.

SOURCE: CITY OF CHICAGO/BOARD OF EDUCATION

DEPARTMENT OF HOUSING
City of Chicago

Homeless Shelter Program

BACKGROUND:

The urgency of the problem of homelessness and the need for shelter is recognized nationally. The media has dramatically presented the tragedy of homeless persons and families in newspapers, magazine, T.V. news, and special programming. The Department of Housing recognizes the immense services the voluntary sector has delivered to the City by supporting and operating various homeless shelters. One reason Chicago has not been overwhelmed by the homeless issue, as have other large cities, is because of the voluntary sectors response to this need.

Economists and trend readers are predicting that current economic conditions, characterized by high unemployment and mortgage forclosure rates, are going to swell the ranks of the homeless during the 1980's. It is further anticipated, that in addition to the increased number of homeless men and women there will be an increased number of homeless families. As unemployment benefits are exhausted and families await acceptance into the Public Welfare System, the risk of homelessness will increase.

Role of the Department of Housing:

The Department of Housing became involved with the Homeless issue early in 1982. This involvement resulted in a pilot program to rehabilitate the Sousa School for use as an emergency shelter. This shelter currently provides one hundred (100) beds for homeless persons.

Role of the Department of Housing (Cont'd.)

Since then the Department has worked closely with the Coalition for the Homeless, other City agencies, and sheltering groups in Chicago, in order to increase and upgrade shelter facilities in the City.

The role of the Department of Housing in the shelter issue has been to provide technical assistance and funding to existing shelter agencies in developing additional facilities. The Department has taken a leading role in assessing needs and targets for shelter facilities throughout the City.

The Department of Housing Program:

As the Department of Housing entered the Community Development Year IX funding process staff research, communications with other large cities and our involvement with the Sousa Shelter reiterated the seriousness of the homeless situation. Realizing how much good sheltering organizations had done for the City, and its homeless citizens, the Department wanted to develop a program that would help these organizations continue and enlarge their work. It was hoped that an additional five hundred (500) beds could be added for the 1984-85 heating season.

During our study it came to our attention that the Federal Government would release funds (Jobs Bill) that could be used to rehabilitate buildings for shelter use. A proposal was submitted for Year IX funding and accepted; a description of the program is as follows:

The Department of Housing Program (Cont'd.)

THROUGH THIS PROGRAM, THE DEPARTMENT OF HOUSING WILL PROVIDE GRANTS TO QUALIFIED SHELTERING ORGANIZATIONS TO REHABILITATE STRUCTURES IN ORDER TO HOUSE THE HOMELESS. THE DEPARTMENT WILL ASSIST IN IDENTIFYING POTENTIAL SHELTERS, PREPARING REHABILITATION PLANS AND SPECIFICATIONS, AND BIDDING AND SUPERVISION OF CONSTRUCTION WORK.

Criteria:

1. The physical characteristics of the potential site structure must be suitable after rehabilitation for use as a homeless shelter.
2. Rehabilitation of a site structure must prove to be a cost-effective endeavor. Detailed specifications and cost estimates will be performed by the Department of Housing.
3. Preference will be given to locations where the target population can best be served, such as the periphery of Chicago's Loop.
4. Preference would be given to structures owned or leased by Not-For-Profit Organizations or public agencies. If the building is leased, the lease must meet all standards set by the Department of Housing and improvements must be amortized over the life of the lease.
5. Once a potential site is identified, the Department will give four (4) weeks advance notice to the local elected officials and community organizations. Upon request by the community, a community hearing will be held.

The Department of Housing Program (Cont'd.)

Criteria:

6. The agency that will operate the shelter must have a past experience in successfully operating a homeless shelter or similar facility.

The Department of Housing's Long Range Goal:

The Department of Housing feels that the most cost-effective and competent approach for using resources to treat the "new homeless" problem is by establishing one comprehensive program under one lead agency.

The program would be holistic in concept and possess the following:

DETACHED PERSON EMERGENCY SHELTER:

- Management delegated to professionals in the field of shelter operation.
- Medical component including T.B. medication
- Linkage with alcoholic treatment and mental health facilities
- Segregation of men and women
- Supporting services coordinated for daytime, e.g., recreation space, T.V., and food.

FAMILY INTERIM ASSISTANCE SHELTER:

- Management delegated to professionals in the field of providing shelter to the homeless.
- Emphasis placed on keeping the family together as a unit.
- Surrounding area should be perceived as safe by family in crisis in order to lessen stress.
- Counselors available to assist in the application process for Public Aid, Section 8 Certificates or Homestead Program and other benefits for which the family might be eligible.

FAMILY INTERIM ASSISTANCE SHELTER - (Cont'd.)

- Supportive services needed such as:

  recreation space, food service, T.V., games, job counselors, etc.

SOURCE: CITY OF CHICAGO/DEPARTMENT OF HOUSING

INTRODUCTION

Homeless citizens in this metropolis are usually described as the dejected, lonely men and women who roam the streets daily. They are the modern "invisible people" who must find ways to survive from street activities which often lead to petty crimes and self-destructive patterns. For the majority this city is home because years ago they labored in the shops, lived among friends and relatives. During this crisis they have withdrawn to take up another radically different lifestyle "street people."

We dare not ignore this problem by postponing action in terms of concrete programs. The amount of "human suffering" continues to increase daily. To turn the lives of the outcasts around requires full cooperation from every sector in this city, public and private agencies.

The religious heritage that undergirds this ecumenical agency demands that there be a positive response to the homeless issue. A part of this mission is to clothe the naked, feed the hungrey and provide shelter for the homeless. There is another task of transforming lives by meeting people at the crossroads of life and opening up new channels for full participation.

Our target mission zones in the Borough of Manhattan shall be: Harlem/Washington Heights, Inwood and the Bowery. These neighborhoods symbolize the diversity of ethnic population, cultural patterns and geography. However, their cries for assistance cuts across these boundaries and brings everyone into a city circle.

The goal of this project is to break the syndrome of self-destruction. Our thrust shall be to create programs whereby the lonely individual can be reunited with relatives, friends and other newcomers so that the caring community may be re-established at every level: family, job, social, etc.

The critical stage for many persons is the loss of self identity, using escape mechanisms such as drugs or alcohol to avoid facing reality. We propose to assist needy persons in becoming "whole persons" again by offering constructive options for each one to pursue with vigor and guidance from sensitive staff workers.

Role of Religious Institutions

In the mission zones such as Harlem, the Bowery and Washington Heights-Inwood, churches shall be mobilized to work with clients.

A. The Adoption Plan:
Each church shall have the option of adopting a building where clients are living. Under this plan the church would assume responsibility for shepherding clients daily. This includes visiting the client and offering supportive services in the form of counseling.

B. The Individual Plan:
This permits a church to work with one to three clients in various locations.

C. Churches are expected to assist with the following services:

   a. Cleaning the premises with trained staff and volunteers,
   b. Transferring soiled linen to laundry for cleaning,
   c. First aid assistance and fire drills.

No persons can work in these quarters without certification by churches or HRA.

To expedite laundry services vendors will be contacted to assume this responsibility under the terms of the contract. A similar program in food service may also be developed for clients. Where this is not possible, a plan using modified "food stamps" with a selected restaurant etc., will be adopted for clients.

A comprehensive insurance plan is necessary to cover clients in buildings and assigned staff. This plan will be devised by cooperating agencies.

Advisory Committee:

An Advisory Committee formed of 15 persons shall assume the role of advising participants in the program (staff workers). They shall set policies subject to the approval of the Board of Managers, Manhattan Division, Council of Churches. These persons shall be recruited from the communities. Term of office, one year.

We envision using the spin-off model after three years. Under this plan existing programs related to apartments will be managed by indigenous groups/churches. The central advisory committee shall work only in the area of fund development.

Models I

The first model is based on a local church promoting a program. It is essential that an intake procedure be developed for clients. Staff and volunteers must approach the task in a sensitive way to affirm clients' humanity, dignity as persons, members of the universal family circle.

To avoid dehumanizing clients, we recommend these steps. Present to them a prepared statement that sets forth basic humanitarian principles.

a. I am a member of God's creation,
b. My role has not been fully defined. Therefore, I am seeking to develop talents and skills,
c. I share a common heritage with other citizens based on citizenship and family ties,
d. I seek to live a full life that promotes security, happiness and freedom,
e. I seek to build stronger ties with neighbors in this city,

f. I agree to work with staff members in this center to overcome barriers and find wholeness,
g. The information shared will be confidential,
h. Client reserves the right to withdraw from the program in consultation with staff supervisor,
i. The use of drugs and alcohol by clients is prohibited,
j. Each client will complete intake form and medical report in consultation with assigned physician,
k. Next of kin identified in the event of emergencies.

Training of Personnel:

All staff are required to participate in training sessions.

a. General orientation - this shall be based on two levels. The first level deals with general characteristics. Examples: places where homeless congregate, lifestyles, emergency needs, special cases related to addicts, alcoholics, schizophrenics, etc. Another segment of population — runaway teenagers.

The second level of the program shall be the one-to-one client interviewing session. How to conduct an interview, establish rapport with clients. How to deal with frustration and anger.

b. The other phase of the training deals with cultural shock. How to adjust to the "street people" who wander into the facilities seeking assistance. How to deal with hygiene needs, preparing persons for first entry level. Identifying special problems at the initial stage of contact.

Development of a needs assessment form which can be used for each client. Determine work experience, educational background, social contacts with peers, and interests. On the basis of this data determine what kind of referral service would be helpful to client. Then link client up with appropriate agency or contact person.

Develop network — Clients need to be assured of continuing support from the community. Therefore, we propose that churches adopt some persons for an interim period of six to twelve months. During this period the religious institution is expected to guide clients through various stages of adjustment.

The areas where cooperative action is essential are:

a. Job placement — helping workers to adjust to jobs and follow instructions by supervisor,
b. Living in a group setting with other residents and respecting rights of others,
c. Educational goals — pursuing educational program as outlined by counselor to develop skills.

In each category a special manual is to be prepared for clients to use daily. Advance work done with referral agencies will insure follow-up with participants.

Parish Counseling:

The client-centered counseling approach places the staff in a supporting role. In this kind of relationship persons can identify problems, develop options for concrete action. Counselor must be sensitive to special concerns, but the goal is to integrate segments into a meaningful whole, to produce stability and a new sense of worth and dignity. From this vantage point the counselor serves as an advocate, an innovative force for the helpless. All counselors shall be required to attend an orientation session.

Building Religious Coalitions:

Since the City of New York is complex and requires excellent planning to aid the homeless, we propose the cluster model. This scheme will be based on five square blocks. All participating religious institutions and community agencies must analyze resources covering such areas as physical facilities, personnel, in-kind contributions and target population.

Options for Service:

a. Walk-in center which provides opportunities for homeless to meet staff to receive information about assistance in the areas of housing, jobs, income maintenance, health care service,
b. Space emergency aid for persons victims of fires, floods, etc. Staff will assist with temporary measures to aid persons through crises,
c. Group counseling for persons depressed and in need of supportive help to adjust to peer groups and re-entry into social stream.

Role of Ecumenical Agency

The function of the ecumenical agency may be described as an innovative force generating power to propel men and women on the edge of the urban abyss to reach for higher goals. Our task is to become immersed in these human problems of suffering with the outcasts. We offer hope by paving the way for a more fruitful life in this metropolis.

We envision mobilizing men and women into a team of workers. The spin-off model is a feature of the outreach program. After one year the local church shall assume responsibility for program.

Work Phase:

It is essential that clients participate as workers. A job is one way to build self-confidence. Local sponsors shall offer job options.

Men:

a. Maintenance — buildings, grounds
b. Semi-skilled — painting, carpenter's helper
c. Car wash service
d. Laundry aide
e. Gardener aide
f. College

Women:

a. Chamber maid
b. Maintenance aide
c. Typist
d. File clerk
e. Home-maker
f. Continuing education
g. College

A pay scale is to be established to provide workers with income. Rate of pay must be based on sliding scale in accordance with prevailing minimum wage laws. These jobs are only temporary and will end within six months. Work records compiled and evaluated to be passed on to the next employer.

Financial campaign is to be launched to generate sufficient seed money to launch programs in the various target zones. The drive includes religious institutions, public agencies, private donors, foundations, etc.

(See budget for modest first year projection.)

REFERRAL UNITS

MANHATTAN

Name: Jewish Board of Family and Children's Services, Inc.
Address: 120 West 57th Street
Phone: 589-9100

Programs

Disaster Relief

For families left homeless by fire.

Eligibility: Must be on site at emergency shelter document proof of residency at shelter.
Fee: None.
Application method: telephone, write, emergency/non-emergency/walk-in.
Location: 6.

Name: Catholic Youth Organization Archdiocese of New York
Address: 1011 First Avenue, New York, NY 10022
Phone: 371-1000

Programs

Shelter for Others

Emergency shelter in the event of a natural disaster.

Fee: None.
Application method: Emergency walk-in only.
Geographical Restriction: Serves Staten Island residents only.
Location: 5 and 6.

Name: New York Foundling Hospital
Address: 1175 Third Avenue, New York, NY 10021
Phone: 472-2233

Programs

Eligibility: Age 18-30
Documents: Birth/baptismal certificate, social security card, medicaid card, proof of income.
Application method: telephone, write, walk-in.
Geographical Restrictions: Serves East Harlem, Manhattan Areas.

Name: Shelter for Homeless, Travelers and Newcomers
Address: 69 St. Marks Place, New York, NY 10003
Phone: 777-1234

Programs

Eligibility: Age 16-21 – Males only
Documents: Birth/baptismal certificate, social security card, alien registration number and card, any valid identification.
Fee: None.
Application method: telephone, write emergency, non-emergency walk-in.

Name: HRA/Family and Adult Services
Address: 250 Church Street, New York, NY 10013
Phone: 553-5917

Programs

Protective Services for Adults
Eligibility: Age 18 and older
Fee: None.
Application method: telephone, write emergency, non-emergency walk-in.
Geographical Restriction: Serves New York City residents.
Location: 6 and 8.

Shelter for abused women and children, temporary emergency shelter, food and supportive services to battered women. Maximum stay is three months. Provides recreation and education services.

Eligibility: Age 18 and older, females only, must be eligible for public assistance application.
Fee: None.
Application method: Referral required from I.M. Center and certain community agencies. Call agency for referral method.
Geographical Restrictions: Serves New York City residents.
Location: 76.

Name: HRA/Crisis Intervention Services
Address: 260 Church Street, 6th floor
Phone: 663-6622

Programs

Housing Services, special full-range of social services and supportive services to single-room occupancy program and emergency family shelters.

Name: Henry Street Settlement Urban Life Center
Address: 265 Henry Street
Phone: 766-0200

Programs

Shelter for homeless, travelers and newcomers. Full range of support services, social services, counseling, education/vocation, recreation.
Eligibility: Homeless families on public assistance.
Application method: referral required from New York City Department of Social Services.
Fee: None.

APPENDIX

Requirements for agencies and churches operating centers.

a. Sponsoring group must be a "not-for-profit corporation under New York State Laws;

b. Certified form from Internal Revenue Service stating non-profit status under Section 501 code;

c. Federal Employer Identification No.;
d. List of Board of Directors;
e. Description of program for clients:
   - Number of clients to be served
   - Staffing plan
   - Location of center:
     - Type of building –
       - Private house
       - Apartment
       - Institution
   - Inspection record by Fire & Building Departments;
   - Security, social and management services;
   - Admission procedures

New York City Guidelines for Vendors Developing Contracts for Adult Shelters

This program is designed for homeless adults. Only not-for-profit organizations may apply for this contract through Human Resources Administration.

A Vendor can provide transitional shelters such as persons with employment problems, alcoholics, etc. HRA will subsidize the difference between Supplemental Security Income or public assistance to the vendors. The goal shall be to move persons into residential housing units. These shelters shall conform to New York State Department of Social Services regulations and city codes.

The Vendor must be incorporated as a not-for-profit corporation under New York State laws. A New York State Department of Social Services Certification is required. A letter of intent must be sent to the attention of:

Family and Adult Services HRA
260 Church Street
New York, NY 10013

The facility provided by the vendor shall have a capacity of not less than 25 beds. Resident services: minimum room, board and supervision. Food service: three meals daily — balanced. HRA will provide routine medical, psychiatric services for residents. Vendor shall assist clients in processing applications for Medicaid. Social service assistance within 48 hours of admission to facility.

Allowable expenses for Vendor:

Staff salaries, purchase of necessary professional services, contractual services such as guards, secretary, maintenance, laundry, etc., public transportation, food service, rental of space, consumable supplies, equipment, interest on initial mortgage payments on property, taxes paid for water, school and property, depreciation of plant and equipment. Utilities, telephone, audit, liability insurance.

(1982-83 — See City HRA Document)

Role of Housing Preservation Department, City of New York

This department shall be responsible for identifying vacant apartments. Apartments are to be inspected and certified by the staff. Landlords will work out rental lease agreements with this unit. All data on housing should be placed on computer tapes for processing.

Data Sheet:
- Location of apartments
- Name of owner
- Number of floors
- Vacancies
- Superintendent/Staff
- Rental per month
- Insurance coverage

Building Structural Data:
- Electrical fixtures and outlets
- Plumbing
- Elevator
- Fire exits and alarms
- Security system: guard service/electronic device
- Date of last building inspection by:
  - Fire Department/Building Department

Each apartment will be assigned to a client based on Intake Interview. The client is expected to move into the apartment. These units will be furnished with basic items such as bed, chair, linen, and with access to bathroom. No cooking of meals in the room will be permitted by client. Where there will be two or more persons living in the same room an attempt will be made to match persons that can adjust well to this arrangement. There will be separate quarters for men and women.

Under this program each client must check into their room at a certain hour and rise in the morning to participate in the next phase of the program.

Before moving client into quarters there will be an orientation session to acquaint male or female participants with format in the living quarters.

An emergency plan will be devised to aid persons in need of help with special problems while living in these quarters.

Resident Schedule:

A. Client arrives at apartment by 7 p.m.
B. Retires for the night after bath by 10 p.m.
C. Rises in the morning by 7:00 a.m.
D. Departs for breakfast by 8:00 a.m.
E. Returns to appropriate station for follow up with support staff by 8:30 a.m.

Role of Human Resources Administration

This city unit shall assume the role of intake screening. Staff prepare forms which will state clients needs and background which sets forth brief history.

Sample:

Name
Age
Education
Health record
Participation in city shelter program
Length of stay in city
Date of last job
Religious preference
Marital status

Address
Sex
Next of kin
Name of last employer
Children

Nature of public aid:
Pension funds
Other sources of income
Record with the police department

These facts will be entered in the computer. All data will be examined to determine basic needs of clients. Staff in consultation with HPD personnel will then determine which clients to recommend for housing units.

All clients will be directed to productive areas so that each one may enter the labor market and regain status in the communities.

Referral sources will be developed covering these areas:

Jobs
Family counselling
Shelter
Mental health
Drug abuse
Education opportunities
Health care
Food
Alcoholism
Criminal behavior

The various city agencies shall work out a formula whereby assigned funds can underwrite program expenses for clients in the program.

Physically handicapped:

All persons physically handicapped should be screened using the following criteria. Check list:

a. ambulatory condition
b. chronic ills
c. supportive aids: crutches, walker
d. other factors

Clients may need minor renovations to accommodate persons using wheelchairs, crutches, canes. A ramp could be installed at the entrance, elevator and handrail on stairway. Doors should be clearly marked, lever on front of doors. Rest rooms must be suitable for persons using support aids. Proper lighting and ventilation are essential in all rooms. Emergency exits clearly marked for clients. First aid equipment on the premises with trained personnel.

Beds on the lower level of building are accessible to all other facilities. Avoid placing clients on upper floors which can create some hazardous conditions.

The food service to be prepared by staff and delivered to clients, or buffet style.

Showers should have handrails, no slippery tiles, rubber mats. Escort each person to this unit. Do not leave handicapped persons alone in shower.

When transporting clients be sure to require that vehicle is equipped to accommodate passengers. Vans should have ramp for boarding buses, etc., and cars have wide doors and reclining seats.

Appendix 1982-83

New York City regulations and space requirements:

1. Each facility shall have space for dining and leisure activities.
2. Sleeping areas shall not be considered as dining or leisure areas.
3. Space for dining shall be 1) at least 120 sq. ft. in facilities with a certified bed capacity or less than 10 beds, 2) at least 12 sq. ft. for each additional certified bed.
4. Space provided for leisure areas shall be 1) at least 120 sq. ft. in facilities with a certified bed capacity of less than 10 beds, 2) at least 12 sq. ft. per bed in facilities with a certified bed capacity of 10 or more beds.
5. An operator may request Department of Social Service approval for a waiver to reduce the square footage requirements for dining and leisure space. A waiver shall be granted only upon demonstration by the operator that the food service and the program needs of the residents can be met..
6. Baths and toilet facilites: There shall be a minimum of one toilet and one lavatory for each six residents and a minimum of one tub or shower for each 10 residents.
7. Sleeping Rooms: 1) In single occupancy sleeping rooms a minimum of 80 sq. ft. per resident shall be provided, 2) in sleeping rooms for two or more residents, a minimum of 60 sq. ft. per resident shall be provided, 3) a minimum of 3 feet, which is included in the per resident minima, shall be maintained between beds for aisles, 4) partitions separating sleeping areas from other areas shall be ceiling high and smoke tight, 5) all bedrooms shall be:
    a. above grade level
    b. adequately lighted
    c. adequately ventilated (light and ventilation for bedrooms shall be by means of windows in outside walls
    d. opening directly into exit corridors
    e. unused as passageways and corridors or provide access to other bedrooms
    f. adequately supplied with cleaning supplies and equipment.

Guidelines for Shelters in New York State — 1982-83
(State Department of Social Services, Albany, New York)

I. Adult Residential Care Programs

A shelter for adults is defined as an adult care facility established and operated for the purpose of providing temporary residential care, room, board, supervision, information and referral and social rehabilitation services for adults in need of temporary accommodations and supervision services.

II. Responsibilities of Operators

a. Provide the Department of Social Services with records related to the facility and access to residents. Also provide a 24-hour day program and supervision,
b. Operate the facility in complience with state and city regulations,
c. Designate an administrator to operate the facility,
d. Capacity of facilities: municipality of 500,000 not more than 200 beds; other examples 100/50 beds.
An operator may petition for a waiver of these limitations.

III. Admissions Requirements

Persons in the following categories are not to be admitted.

a. Persons posing a threat to their own life or the residents,
b. In need of special dietary regimen and special social needs that cannot be met by this facility,
c. In need of medical, mental health or nursing care that cannot be rendered safely by community resources,
d. Incapable of ambulation on stairs without personal assistance, unless such person is assigned to room on floor with ground level,
e. Under 18 years of age.

The administrator shall interview each client entering the program within 24 hours to determine needs. During this period of time the client shall be informed of rules or regulations related to program, etc.
Within 72 hours the administrator or designee shall assist those persons not qualified for admission to find alternative sites.

March/April 1983

(VERBAL PERMISSION HAS BEEN OBTAINED FOR REPRODUCTION)

Elements and Standards for Shelters and Family Violence/Social Service Programs

by Linda Silverman King

The elements and standards outlined in this article are drawn directly from the goals, objectives, and policies in effect in shelters and programs that provide services to battered women, their children, and offenders around the country. In preparing this listing, a draft was sent to a number of shelter and service providers for review. While those working in the domestic violence field expressed conflicting views on various elements, those listed here represent the author's assessment of the current consensus about the goals and policies of service delivery and the needs of battered women, their children, and the offenders. RESPONSE invites letters from readers who have additions to this list or comments about the effectiveness of these policies in your community.

Introduction

The primary goal of service delivery, intervention, and treatment is to help ensure the safety of the victim and her children. Their needs often include one, some, or all of the following services or forms of assistance:

- immediate help;
- protection and physical safety, away from home if necessary;
- basic material provisions, such as medical and dental care, emergency financial aid, housing, food, clothing, and child care;
- emotional and psychological support and individual, couples, family, or child abuse counseling; and
- resources such as legal aid, job training and employment; long-term housing; independent living skills; parent education; and family planning.

In the effort to promote more effective service delivery in the domestic violence field, basic program elements and standards based on the needs of victims, offenders, and their children have been selected for explication.

I. Shelters

Rationale: In order to respond to a victim's primary need for both immediate help and safety, temporary housing away from the offender is a critical service. In addition to a safe environment, shelters should provide a range of other services to assist battered women and their children in reaching the goal of ending the violence. Shelters have become a primary resource for client referrals from criminal justice and social service agencies. Given adequate community support and financial stability, the following standards identify the services which shelters can make available to battered women and their children.

Standards

A. **Availability of services:** Provide services on a 24-hour basis.

B. **Telephone information:** Offer women or referring agencies information on how to leave a violent home as well as the nature of shelter services and other community resources.

C. **Intake:** During or shortly after the initial telephone call, evaluate a woman's immediate crisis, her medical needs, the level of emotional trauma, her use of alcohol or drugs, the presence of child abuse or neglect, and the history of violence in her family.

D. **Program policies:** Should include regulations concerning eligibility and length of stay for residents, house chores and food preparation responsibilities, and the use of nonviolent behavior at all times by both adults and children.

E. **Services:** Provide, either within the shelter or through referral, counseling and support groups; victim education; client advocacy; systems-directed advocacy; and encourage the development of independent living skills. The latter, which often necessitates referral, include the following: job training and employment; financial assistance; legal advice; medical care; child care; and transportation.

F. **Referral:** Establish liaisons with local social service and criminal justice agencies and refer battered women to appropriate programs for further assistance. To ensure accountability and coordination of services, maintain contact with these agencies.

G. **Community education:** Make public and professional sectors of the community aware of the problem of spouse abuse, battered women, and the need for services through presentations and workshops.

H. **Organizational framework:** Whether the choice is hierarchical or consensus decision-making, set up a board, adopt bylaws, and initiate other procedures such as incorporation to legitimize the shelter in the local community.

I. **Recordkeeping:** Maintain files of information and referral sources. Maintain statistics on shelter activities. Structure the recordkeeping to ensure confidentiality.

J. **Program evaluation:** Conduct evaluations as an ongoing process or at intervals with staff and possibly clients to assess if program goals and objectives are being met.

K. **Training:** Provide specialized training about domestic violence, the dynamics of battering, and the needs of battered women and their children to new staff members and volunteers.

II. Medical Care

Rationale: Battered women often need emergency or ongoing medical care for injuries sustained from battering. Research shows that a significantly high number of abused women seek medical care without the violence being detected. Yet, identification of battered women is essential for appropriate treatment and intervention. Because spouse abuse can masquerade as "accidental" injuries, depression, anxiety, or other symptomatic behavior, direct inquiry as a routine part of intake is important. The range of medical services that battered women need can include surgical procedures, hospitalization, gynecological and obstetrical care, dental care, psychiatric consultation, and social work assistance.

Research findings suggest that health professionals are the major source of contact for battered women. Because of the confidential nature of the physician/patient relationship, medical personnel can encourage women to confide in them and facilitate the process of identification, treatment, and referral.

Standards

A. **Intake:** Health practitioners can apply an "index of suspicion" in addition to routine direct inquiry about whether injuries are the result of a beating.

B. **Medical examination:** A thorough examination should be done privately with careful preservation of evidence of physical and or sexual assault.

C. **Recordkeeping:** Maintain accurate and detailed records, with photographs of injuries, to ensure proper identification and treatment and to provide evidence if criminal justice proceedings against the offender are instituted.

D. **Referral:** Provide additional medical services through referral and coordination of services. Provide information about available social services, shelters, victim/witness programs, and legal assistance before discharge, to help ensure a battered woman's continued safety.

E. **Ongoing treatment:** Address preventive health care and chronic health problems, particularly those resulting from battering experiences.

F. **Follow up:** Provide additional appointments and outreach as part of the initial medical intervention.

G. **Training:** Hospitals, clinics, and health care schools should provide training to physicians, nurses, and other health practitioners so that they will properly identify and treat battered women, avoid the unnecessary use of psychotropic drugs, and ensure appropriate referral.

III. Advocacy

Rationale: The need for advocacy was generated by the inadequate response of the traditional human service and criminal justice system. The role of the advocate is to support the battered woman in taking an active role on her own behalf, to inform the local community about the problem of violence in the family, and to help change procedures, laws, and regulations that effect the delivery of services. A battered womans need for advocacy should decrease as she is increasingly able to represent herself in seeking and receiving services.

Advocacy activities can be categorized as either client-related or systems-related. Advocates must intervene at both levels to avoid the possibility of women being "punished" for attempts to change the service delivery system at the same time that they are seeking its assistance.

Standards:

A. **Accompaniment:** Accompany the battered woman to various welfare, legal aid, employment, health, and other social service and criminal justice agencies.

B. **Language interpretation:** Provide translation to foreign-born battered women, using interpreters who have been trained in the dynamics of spouse abuse.

C. **Self-assessment:** Teach a battered woman to assess her needs, options, and available resources.

D. **Agency assessment:** Teach a battered woman to assess the service system and its rules and regulations.

E. **Liaison:** Provide liaison to other agencies to facilitate the delivery and coordination of services for a battered woman. Develop at least one contact person in each agency, if possible, to sustain accountability, to promote change in agency regulations, and to facilitate service delivery.

F. **Identification of barriers:** Identify those regulations and practices within agencies that prevent battered women from receiving adequate services. Identify, lobby for, and assist in the development of local and state legislation to eliminate barriers and increase funding for services for battered women.

G. **Community education:** Educate the public and professional sectors of the community through presentations, workshops, and participation in relevant meetings.

IV. Children's Services

Rationale: The majority of women seeking shelter services have two or more children accompanying them. Almost all shelters accept children, but services provided for them vary greatly depending on the availability of resources, staff, and length of stay. Referral or consultation to medical and mental health facilities and services is commonly needed. Given adequate funding, volunteer or paid staff should be designated to work with the children in the shelter. The focus of work with children is on the immediate crisis, including the impact of the violence and separation from home on the child, the possibility of child abuse or neglect, and the general disruption of the child's life.

Standards

A. **Intake:** Assess the impact of the immediate crisis and the violence in terms of the level of disturbance of the individual child. Explore the possibility of child abuse and sexual assault. Provide referral or consultation when necessary.

B. **Policy:** Make a strong statement to adult and child shelter residents about nonviolent behavior at all times and the unacceptability of violent behavior between parents and children, siblings, and peers.

C. **Services:** Provide for basic material needs such as clothing, food, and bedding and at least one special possession, such as a stuffed animal. Provide individual attention, play groups, and time away from parents. Provide supervised recreational opportunities for the children using available community resources and activities.

D. **Referral and consultation:** When necessary or when mandated by law, provide health, mental health, or social service assistance with agency contacts in your community.

E. **Parenting Skills:** Serve as models for child-rearing skills and provide organized group activities for mothers to focus on parenting issues and to share their concerns with one another.

F. **Education:** Establish liaisons with schools to address problems such as: interruption of the child's usual routine, school transfer regulations, and the fear of kidnapping by the batterer.

G. **Staff and training:** Assign volunteers and other staff specifically to work on or supervise children's activities.

V. Treatment for Men Who Batter

Rationale: Ending the battering requires specific interventions which focus on a man's violent behavior. These interventions need to be supported by a criminal justice system which holds the individual responsible for his behavior. Court-mandated counseling and diversion programs are examples of such interventions. Counseling programs for offenders ordered into treatment or for men participating on a voluntary basis use a variety of techniques; however, there are similar features of effective programs. These programs are based on the recognition of battering as a crime and hold as a primary goal stopping the violent behavior as a prerequisite for other treatment objectives.

Some violent men have alcohol or drug abuse problems. These problems need to be addressed. However, treatment for substance abuse has not been found to end the battering, nor has treatment for violent behavior been effective in resolving the alcohol or drug problem. Couples or family therapy prior to ending the violence or therapy that does not focus on holding the man responsible for his violent behavior is generally not considered an effective treatment strategy. Because an effective response to battering usually involves many systems, coordination and communication between service providers, concerned individuals, and the courts is important in order to share resources, avoid duplication of services, and increase the effectiveness of the counseling. Given the complexities of battering behavior and providing services, some attrition rate of men during the course of counseling is to be expected. Some programs offer three month, short-term treatment, for batterers; however, up to twelve months of counseling may be necessary.

Standards

A. **Treatment goal:** The primary goal of treatment is to stop the battering.

B. **Client accountability:** Hold the man who batters responsible for his behavior. He should also be held responsible by the criminal justice system, other family members, and the members of his counseling group.

C. **Treatment philosophy:** A counselor must understand the dynamics of battering and the factors contributing to violent behavior, and believe that nonviolent behaviors for coping can be learned in a counseling program.

D. **Intake:** During the initial phase of treatment, assess the immediate crisis: homicidal or suicidal potential; history of violence; current physical, intellectual, neurological, and emotional functioning; drug or alcohol abuse; and motivation of the man who batters to change.

E. **Counseling:** Group sessions are the most effective means to promote peer relationships, to decrease a batterer's isolation, to provide peer models for positive behavior, to confront denial and minimization of violent behavior, and to give support to the man who batters. Individual therapy with assaultive men, based on psychoeducational techniques and an understanding of the dynamics of spouse abuse, can also be offered.

F. **Confrontation:** Non-attacking techniques should be used to confront the batterer's minimization or denial of his violent behavior, his impulsivity, and other self-destructive characteristics.

G. **Victim needs:** The batterer's living situation and his access to the victim should be carefully and continuously monitored in order to ensure the victim's safety.

H. **Lethality:** Continuously assess the homicidal and suicidal potential of a man who batters.

I. **Reoccurrence of violence:** If battering reoccurs during treatment, a counselor should take immediate action. The strategy should be flexible depending on the client, his circumstances, and whether he is court-mandated or voluntarily participating in the program.

J. **Termination and follow-up counseling:** Based on clinical assessment and collaboration with other involved agencies, termination is appropriate when there is confidence that the battering will not recur. Whenever possible, build in a follow-up contact after termination, especially if the man or his spouse feels there is a risk of recurring violence.

K. **Referral:** Liaisons and collaborations with other agencies are necessary to address the multiple issues of employment, housing, probation, marital counseling, parenting, and other needs of the batterer.

VI. Victim Counseling

Rationale: The primary goals of treatment are to help ensure the safety of the victim and her children, support her right to choose alternatives, and provide resources and access to resources to meet her needs. Most people in the field agree that help should be based on understanding family violence and spouse abuse as a social problem with physical, psychological, and criminal justice consequences, rather than isolating it as a private, interpersonal, or emotional event.

In order to avoid symptomatic treatment, the response of helpers should be based on education about the dynamics of victimization of women, sex-role stereotyping, and family violence. Research has demonstrated a significantly high rate of over-medication of battered women and women in general. While mental illness and stress syndromes must be diagnosed, responding to depressive reactions with medication is not a useful intervention. Furthermore, given the risk of suicide and the need for the battered woman to remain vigilant while in a violent relationship, the prescribing of medication is potentially dangerous.

Counseling for battered women can be provided in both public and private settings such as community mental health centers, clinics, and family social service agencies, as well as in shelters. Frequently, peer support offered by other battered women and lay counseling on a one-to-one basis are done through shelter programs. Ending the battering is the long-term goal of treatment.

Elements that contribute to high stress levels for both the client and practitioner include the following: continuous client crisis, the recitation of details of violent episodes, and the client's potential for either homicide or suicide. Therefore, counselors need support from peers to deal with the complexities and stress inherent in working with battered women.

Standards

A. **Intake:** Inquire directly about the presence of violence in a woman's life, regardless of the initial reasons she gives for seeking help. If she has been battered, elicit behavioral descriptions of the violence as a routine part of the intake process; e.g., "Is anyone at home hitting you?" "With what?" "How often?," etc.

B. **Assessment:** Evaluate the immediate crisis and danger of suicide or homicide, the presence of child abuse or neglect, and alcohol or drug abuse. Determine internal and external barriers that keep the battered woman in the violent relationship. Formulate short and long-term goals of treatment.

C. **Counseling:** Provide one-to-one and/or group therapy to the battered woman to help her identify her feelings, to support and promote her ability to make her own choices, and to provide practical information about options.

D. **Medication:** If, after careful evaluation, medication is necessary, provide careful and continuous monitoring.

E. **Referral:** Consult and collaborate with other clinicians, agencies, and criminal justice institutions to provide comprehensive services to battered women.

F. **Staff and training:** Obtain specialized training in spouse abuse and clarify your attitudes toward violence in order to meet the needs of battered women and prevent burnout.

Note about the author

Linda Silverman King is a consultant in social service and criminal justice program planning and training and a psychotherapist in private practice. King, formerly a health and social service specialist at the Center for Women Policy Studies, continues to work as a consulting trainer for the family violence project at CWPS.

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RESOLUTION
OF THE
CITY OF MINNEAPOLIS

By Aldermen Dziedzic, Corrao, Daugherty, Rainville, White, Slater, Trostel, Kaplan, Scallor, Howard, Schulstad, Hoyt

Providing for permission for certain churches and community organizations to provide temporary emergency shelter for a one season experiment.

WHEREAS, an emergency exists and the incidence of homeless people in the City of Minneapolis continues to increase; and

WHEREAS, the onset of winter makes it difficult to survive without a warm shelter in which to sleep; and

WHEREAS, many churches and community organizations have offered to provide temporary shelter to homeless people under the provisions enumerated herein; and

WHEREAS, no adequate alternative is immediately available; and

WHEREAS, the City of Minneapolis, pursuant to its power to legislate in regard to the health, safety and welfare of its inhabitants, may temporarily suspend the enforcement of certain zoning and housing maintenance code requirements during emergency conditions and situations; and

WHEREAS, the City of Minneapolis deems it necessary to waive the enforcement of certain zoning and housing maintenance code requirements in order to meet said emergency which at the same time preserving the health, safety and welfare of the inhabitants of this community.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MINNEAPOLIS:

That by special Council permit churches and neighborhood centers be allowed to provide temporary emergency shelter until April 15, 1982 for people in families under the following conditions notwithstanding other requirements of the Minneapolis Housing Maintenance or Zoning Codes; and that for purpose of this resolution "families" shall be defined as units consisting of at least one adult and at least one minor living with and dependent upon that adult.

IV. Emergencies

An operator may accommodate persons beyond the normal limits for short term emergency if the following conditions are met:

a. Snow emergencies, excessive cold, etc.
b. Facility is operated above capacity not more than 30 days in year.

V. Discharge Procedures

a. Person transferred to health or mental health facilities operator must also send records related to personal files.
b. Report on financial records and other personal effects which must be turned over to appropriate group. The same procedure applies upon death of client.

VI. Resident Funds

Operator may hold funds in trust in a facility bank account. No co-mingling of funds is permitted. No service fees for this service shall be permitted.

VII. Personal Funds:

Each resident receiving Supplemental Security Income or Home Relief shall be entitled to a portion of the funds for personal use. Such monies are to be used for clothing, personal hygiene items, entertainment and transportation.

Resident Rights

1. A resident's civil rights shall not be infringed.
2. Religious liberties shall not be infringed.
3. Resident shall have the right to have private, written and verbal communications.
4. Resident shall have the right to present grievances on his/her behalf without fear of reprisal.
5. A resident shall be able to join with other residents to work for improvements in residential care.
6. Resident may manage their own financial affairs.
7. Resident may have the right to confidential treatment of personal, social, financial and medical records.
8. A resident shall receive courteous, fair and respectful care and treatment.
9. A resident shall not be locked or restrained in a room.
10. A resident shall be permitted to leave premises and return to facility at reasonable hours.
11. A resident shall be permitted to work without coercion or threat.
12. No gratuity to persons rendering service shall be permitted.
13. Each resident shall be responsible for observing rules and respecting the rights of others and private property.

VIII. Social Rehabilitation Services

An operator shall offer the following social rehabilitation services:

a. Assist resident in making application for SSI, unemployment benefits. Secure social and mental health services, permanent housing, job replacement,
b. Counseling and transportation to referral centers.

IX. Supervision Services

a. Intake, records of daily census, surveillance of premises,
b. Conduct fire drills, meal service, dressing for inclement weather,

X. Staffing

Supervisory staff:

Resident Census	Staff Required
1 - 19	1
20 - 40	2
41 - 80	3
81 -120	4
121 -160	5
161 -200	6

Food Service

a. Operator shall provde meals which are balanced, nutritious and adequate in amount of content to meet dietary needs of residents,
b. Provide breakfast/evening meal,
c. Plan menus two weeks in advance in facilities with 41 or more beds,
d. Each shelter to have food preparation and service facilities and storage space,
e. Kitchen and food preparation areas are to be adequately lighted and ventilated with refrigeration and freezing facilities. Area must be clean.

Space

Space for rooms must comply with building codes and fire protection guidelines — J-1 units.

a. No residents in wooden frame buildings to be on third or higher floors,
b. Smoke and fire detectors in buildings,
c. Provide alarm boxes/sprinkler system,
d. Link up fire alarms with local department,
e. Egress plans: At least two ways from each floor — fire escape, illuminated exit signs, emergency lighting, fire extinguishers.

Fire Hazards

- a. Smoking in undesignated areas,
- b. Portable electric space heaters,
- c. Cooking appliances in rooms,
- d. Overloaded electrical circuits.

Furnishings

- a. Bed with minimum of 30 inches in width,
- b. Clean springs in good condition,
- c. Each resident shall be supplied with sheets, pillowcase, one blanket, towels, soap, toilet tissue,
- d. Living rooms, sitting rooms and lounges provided with tables and chairs.

Housekeeping

Areas shall be free of vermin, rodents, trash and laundry service.

Space

Dining area: at least 12 sq. ft. per certified bed for the first 60 beds and 10 sq. ft. for each additional bed.

Bath and toilet facilities: one toilet and one lavatory for each 10 residents, minimum of one tub or shower for each 15 residents.

Bedrooms: 80 sq. ft. per resident. For two or more persons 60 sq. ft. per resident. A minimum of 3 feet shall be maintained between beds and for aisles. No more than 30 beds in sleeping room. All bedrooms shall be above grade level, adequately lighted and ventilated. Bedrooms shall have storage lockers.

A disaster and emergency plan must be devised and shared with Department of Social Services.

Staffing

- a. At least one staff worker must have completed a first aid training course,
- b. Any person working in food service must have a tuberculin skin test and a chest x-ray at least once every 24 months,
- c. No person addicted to drugs or alcohol shall be employed or used as a volunteer.

An administrator must be at least 21 years of age.

Minimum qualifications: high school graduate, three years of related work experience; an associate degree from an accredited college or university; two years work experience. Related work experience may cover: work in residential health care, social work, community organization, counseling, hotel management.

Resident records must be maintained by administrator.

All shelters must be certified by the Department of Social Services, New York State in cooperation with New York City Department of Social Services-Human Resources Administration.

Guidelines for Adult Residential Care Programs
(1970 — New York State, Department of Social Services)

I. Categories for Adult Care Programs

- (1) Not-for-profit Home for Adults — a residential care facility established and operated by a not-for-profit corporation or by a charitable organization.
- (2) Proprietary Home for Adults — a residential facility for profit, not less than five nor more than 200 adult persons.
- (3) Family-type Home for Adults — a facility providing personal care and supervision for two to four adults.
- (4) Special Home — provide service for a specific target population, as prescribed by the Department of Mental Hygiene.
- (5) Public Home — a residential care facility operated by a social services district for adults not in need of medical or nursing care.
- (6) Residence for Adults — a facility that provides living quarters, central dining, housekeeping services to adult persons.
- (7) Shelter for Adults — a facility established by a not-for-profit corporation or by a charitable organization providing room, board and housekeeping services, social rehabilitation, information, referral service and guidance.

II. Operating Certificate

Each facility must apply for a certificate which is valid for two years.

III. Inspection

The Commissioner's office shall provide supervision and guidelines for inspection of residential treatment facilities and shelters.

IV. Residents' Rights

These are similar to code for temporary shelters.

V. Application requirements for an operator's license

- a. Name of organization and location, demographic data on population to be served, statements from local governing boards, certificate of incorporation,
- b. Description of services to be provided,
- c. Letters of reference,
- d. Preliminary architectural sketches,
- e. Property description.

VI. Discharge and Transfer of Residents

Every resident shall have the right to discharge himself/herself from a facility.

If a resident develops a communicable disease, medical or mental condition, the operator must provide transfer to an appropriate medical facility.

VII. Financial Management

Each operator shall provde for the safekeeping and accountability of personal funds. Residents receiving Supplemental Security Income shall be entitled to receive a personal allowance. A record of all funds related to clients must be kept on file.

VIII. Medications for Clients

Operator shall provide assistance in this area. Any medication shall be self-administered by the residents. All prescriptions must be doctor ordered or by a pharmacy.

IX. Nutrition

Meals are to be provided according to nutritional standards and include milk, vegetables, meat, bread, beverage.

X. Administrator

a. The administrator must be at least 21 years of age, responsible for supervision of staff, facility, recruitment of personnel, admission, transfers and discharge of clients; have a high school diploma or the equivalent certificate and a degree from an accredited college or university.

b. Assign day and night staff workers,

c. Supervise staff activity, case management, maintenance (applies to facilities of 50 or more beds).

XI. Confidentiality

The operator shall maintain the confidentiality of facts and information related to individual resident records. No records are to be released other than to the resident, next of kin or Department of Social Services without written permission of the resident.

XII. Personal Data Sheet

A file must be kept on each client with resident's name, room number, social security number, SSI number, medical assistance, medicare, health insurance, religion, next-of-kin, physician, referring agency, contact person in the event of emergency.

XIII. Annual Financial Statement

Provide a statement of income and expenses.

XIV. Safety Standards in Compliance with Building Department, Fire Department, Health Department

Observe safety standards for linen and laundry furnishings, toilet and bathroom; also housekeeping regulations.

MODEL SHELTER PROJECTS

(operated by the City of New York)

1. Men's Shelter, 8 East 3rd Street, Manhattan – meals daily and tickets in lodging houses.
2. Charles Day Shelter for Men – 810 capacity.
3. Camp LaGuardia, Chester, New York – 870 men, residential care.
4. Brooklyn Men's Shelter, 116 Williams Ave. – 400 capacity.
5. Bushwick Annex to Women's Shelter, 828 Chauncey Street – capacity 160.
6. East Third Street Women's Shelter, 282 East 3rd Street – capacity 80.
7. Flushing Armory, 137-58 N. Boulevard, Queens – capacity 200.
8. Outreach centers:
   - a. The Antonio Olivieri Center, 257 West 30th Street – 100 homeless women.
   - b. The First Moravian Church, 154 Lexington Avenue – 24 hour service for men and women.

   These services are provided to clients on a voluntary basis including referrals.
9. Women's Shelter, 350 Lafayette Street – capacity 47.
10. Fort Washington Armory, 216 Ft. Washington Ave., – capacity 600 men.

The shelters provide assistance in a variety of areas: counseling financial benefits through contacts with public agencies, medical and nursing service, recreation, personal grooming and escort service to hospitals or clinics. Meals are offered to clients, work program and substance abuse counseling.

Human Resources Administration Study
Long-term Keener Clients Men on Wards Island - May 1982

Characteristics of clients:

a. This group was a younger population, predominately minority; only 11 percent were white clients. Mean age for Black and Hispanic – 30; White – 43,
b. Most of the clients were new to the shelter system. Only 25 percent related to the system within two years,
c. The reason for coming to the Center was loss of job, inability to continue staying with family or friends – 30 percent of the men. Some 27 percent had been living in SRO's,
d. Attachment to the City of New York. Median length of residence: 24 years. Only 10 percent less than five years,
e. Substance abuse related to use of hard drugs. Two-thirds had been in treatment programs. Alcoholic problems were 35 percent of the population,
f. Contact with families was 40 percent of clients over the last six months.
g. Educational achievement: half of the men were high school graduates, some college graduates,
h. Jobs – more than one-half held jobs for three years or more,
i. These men attributed their lack of mobility to the following factors: lack of basic necessities, poor physical health and substance abuse,
j. Psychiatric related problems – 30 percent of the men. Sixty-one percent hospitalized within the past three years.

• A high percentage of the clients could function independently if they received public assistance or were employed.

Ethnicity

Black – 72.7%, White – 11.0%, Hispanic – 16.7%, Other – 0.6%

Marital Status

Single – 62.4%, Married – 4.0%, Divorced – 11.6%,
Separated – 16.0%, Widowed – 3.6%, Common Law – 3.6%

Religious Preference

Protestant – 41.0%, Catholic – 20.2%, Islam – 3.5%,
Jewish – 2.4%, Other – 0.6%, No Identification – 17.0%

Place of Birth

New York City – 40%, East – 14.6%, South – 27.3%,
Midwest – 3.6%, Puerto Rico – 7.6%, Other Caribbean – 3.6%

Tentative Budget Outline
(for a facility that accommodates 1 to 60 persons)

Administrator
Housekeeper
Cook
Maintenance helper
Counselor
Secretary – part/time
Food, equipment, insurance, transportation

Projected Income
Social Security payments
Contributions
In-kind grants

GLOSSARY

Homeless persons – street people, derelicts, runaway youth, fire victims, refugees, transients seeking temporary shelter.
Religious Institutions – congregations committed to an outreach ministry in the City of New York.
Housing Preservation Department – the administrative unit in the city responsible for planning and development of housing.
Human Resources Administration – the administrative unit responsible for allocating resources to citizens based on federal, state and city criteria.
Referral Units – units that provide assistance in the area of temporary shelter.
New York State Department of Social Services – responsible for dispensing social services to populous.
Shelter – room space provided on temporary basis for homeless.
Residential Care – room space for clients on long term basis.
Vendors – agencies that provide services under contract with HRA.

(References)

The Source Book, Greater New York Fund,
Community Council of New York
Human Resources Administration/Guidelines

Human Resources Administration City of New York, 250 Church Street
New York, NY 10013

Department of Housing Preservation and Development
100 Gold Street, New York, NY 10038

Donated by Harlem Interfaith Housing Council, Inc.

a) That all families shall be referred to the shelter through the central clearinghouse at the Waite Neighborhood House, 2524 13th Avenue South and that a registered nurse be provided during the registration period. The clearinghouse must be closed at 8:00 p.m.

b) That all families shall be registered at that clearinghouse by name and by location to which they are referred. Such registration shall be kept for the period of six months and shall be a public record.

c) That all families are registered at the shelter. Such registration shall be kept for the period of six months and shall be a public record.

d) That each referral shall be for only one night.

e) That no families shall be admitted before 7:00 p.m. or after 9:00 p.m. and that all families shall leave the shelter by 8:00 a.m. of the morning after they are referred.

f) That at least one supervisor, who shall be awake at all times, be provided for every 10 persons with a minimum of two supervisors.

g) That the shelter procure adequate insurance to cover any additional risks created by this activity.

h) That no visibly intoxicated persons shall be provided shelter.

i) That all persons with signs of illness be referred to appropriate medical services.

j) That no alcoholic beverages are consumed in the shelter.

k) That the Director of Inspections or his designee determines every 30 days that the shelter complies with all requirements in this resolution.

RESOLUTION
OF THE
CITY OF MINNEAPOLIS

By Alderman Slater

Amending Resolution 81R-545 "Providing for permission for certain churches and community organizations to provide temporary emergency shelter for a one-season experiment", passed December 28, 1981, as amended.

Whereas, the need for emergency shelters continues, and

Whereas, the emergency shelter resolution passed December 28, 1981, and amended April 9, 1982, requires additional changes to become more workable.

Now, Therefore, Be It Resolved by the City Council of the City of Minneapolis:

That the alpabetically designated paragraphs of the resolution be amended to read as follows:

(a) ~~That-all-persons-shall-be-referred-to-the-shelter-through~~ The central clearinghouse at the House of Charity, 510 South 8th Street ~~and-that-a-registered nurse-be-provided-during-the-registration-period.--The-clearinghouse-must-be-closed at-8:00-p.m.~~ SHALL BE NOTIFIED EACH EVENING OF THE STATUS OF OCCUPANCY AT EACH AUTHORIZED EMERGENCY SHELTER TO DETERMINE IF ANY VACANCIES EXIST.

(b) ~~That-all-persons-shall-be-registered-at-that-clearinghouse-by-name-and by-location-to-which-they-are-referred.--Such-registration-shall-be-kept-for-the period-of-six-months-and-shall-be-a-public-record.~~ THAT ALL PERSONS ARE REGISTERED AT THE SHELTER AND THAT SUCH REGISTRATIONS SHALL BE FOR ONE NIGHT ONLY. THE REGISTRATION SHALL BE KEPT FOR A PERIOD OF SIX MONTHS AND SHALL BE A PUBLIC RECORD.

~~(c)--That-all-persons-are-registered-at-the-shelter.--Such-registration-shall be-kept-for-the-period-of-six-months-and-shall-be-a-public-record.~~

~~(d)--That-each-referral-shall-be-for-only-one-night.~~

(c) That no persons shall be admitted before 7:00 p.m. or after 9:00 p.m. and that all persons shall leave the shelter by 8:00 a.m. of the morning after they are referred REGISTERED.

~~(f)~~ (d) That at least one supervisor, who shall be awake at all times, be provided ~~for every ten persons, with a minimum of two supervisors.~~ FOR EACH SHELTER AREA.

~~(g)~~ (e) That the shelter procure adequate insurance to cover any additional risks created by this activity.

~~(h)~~ (f) That no visibly intoxicated persons shall be provided shelter.

~~(i)~~ (g) That all persons with signs of illness be referred to appropriate medical services.

Fire Safety Provisions:

a) That adequate smoke detectors are installed as determined by the Fire Chief or his designee.

b) That adequate fire extinguishers are provided as determined by the Fire Chief or his designee.

c) That smoking be restricted to designated areas.

d) That no cooking be allowed.

e) That adequate illuminated exits exist as determined by the Fire Chief or his designee.

f) That the shelter complies with any additional reasonable requirements as determined by the Fire Chief or his designee.

Health and Safety Provisions:

a) That adequate sanitary facilities are provided as determined by the Commissioner of Health or his designee.

b) That adequate garbage and refuse disposal facilities and collection services are provided as determined by the Director of the Department.

c) That any beds, cots, gym mats or their equivalents (the cots) and any bedding provided are properly sanitized as determined by the Commissioner of Health or his designee.

d) That adequate ventilation be provided as determined by the Commissioner of Health or his designee.

Health and Safety Provisions: (cont)

e) That adequate distance between the cots be maintained as determined by the Commissioner of Health or his designee.

f) That the shelter complies with any additional reasonable requirements as determined by the Director of the Department of Inspections or the Commissioner of Health or their designees.

~~g)~~ (h) That no alcoholic beverages be consumed in the shelter.

~~h)~~ (i) That the Director of Inspections or his designee ~~determines every thirty days that the shelter complies with all requirements in this resolution.~~

SHALL HAVE THE AUTHORITY TO INSPECT EMERGENCY SHELTERS TO DETERMINE IF THEY ARE IN COMPLIANCE WITH THE REGULATIONS AND REQUIREMENTS FOR EMERGENCY SHELTERS COMPILED BY THE CITY INSPECTION AND HEALTH DEPARTMENTS IN CONJUNCTION WITH THE FIRE PREVENTION BUREAU, SUCH REGULATIONS HAVING BEEN APPROVED BY THE CITY COUNCIL.

~~i)~~ (j) That each permittee under this Resolution provide to the City Council a quarterly report indicating persons served, problems and successes during that quarter.

BE IT FURTHER RESOLVED THAT SECTIONS 2 AND 3 OF THE ABOVE-ENTITLED RESOLUTION BE DELETED IN THEIR ENTIRETY AS THE PROVISIONS CONTAINED THEREIN HAVE BEEN MADE A PART OF THE AFORE-MENTIONED REGULATIONS AND REQUIREMENTS FOR EMERGENCY SHELTERS.

RECORD OF COUNCIL VOTE

Alderman	Aye	Nay	NV	Abs	Ovrd	Sust	Alderman	Aye	Nay	NV	[illegible]	Ovrd	Sust
[illegible]							[illegible]						
O'Brien							Howard						
Daugherty							[illegible]						
[illegible]							[illegible]						
[illegible]							Hoyt						
Carson							Pres. [illegible]						
Kaplan													

X INDICATES VOTE — NV - Not Voting Abs — Absent Ovrd - Vote to Override Sust - Vote to Sustain

PASSED ______________________ 19 _____ ______________________
President of Council

APPROVED
NOT APPROVED ______________ 19 _____ ______________________
VETOED
Mayor

ATTEST ______________________

APPLICATION FOR

SPECIAL PERMIT

THIS APPLICATION MUST BE APPROVED BY THE ALDERMAN OF THE WARD AND GRANTED BY THE CITY COUNCIL BEFORE YOU SECURE YOUR SPECIAL PERMIT FROM THE CITY CLERK.

Date ______________________

TO THE CITY COUNCIL:

Permission is requested to ______________________

____

____

Location ______________________

Zoning ______________ Construction ______________

Size ______________ Distance from street property line ________

Additional Information ______________________

____

____

THIS PERMIT IS APPLIED FOR UPON THE EXPRESS CONDITION THAT ALL WORK DONE UNDER AUTHORITY OF SAME SHALL CONFORM IN ALL RESPECTS TO THE REQUIREMENTS OF THE ORDINANCES OF THE CITY OF MINNEAPOLIS.

Signed______________________

By______________________

Fee Paid ____________ Mailing Address______________________

Permit No. ____________ Telephone No.______________________

____

Approved: Alderman ______ Ward

SOURCE: CITY OF MINNEAPOLIS

SOCIAL SERVICES TASK FORCE
GLOSSARY OF SHELTER TERMS

LIMITED EMERGENCY SHELTERS: shelter facilities that provide nothing beyond bed space one night at a time, and do not have special services or programs.

SEASONAL SHELTERS: are a type of limited emergency shelter that are open only during the winter months.

YEAR ROUND SHELTERS: are a type of limited emergency shelter that are open year round.

PROGRAMMATIC EMERGENCY SHELTERS: these are year-round shelters that provide space for one night or more according to need, and provide some form of advocacy or counseling such as assistance in securing welfare or job counseling.

REHABILITATION SHELTERS: these shelters are limited to people with particular physical or mental problems. Rehabilitative shelters are designed for persons with alcoholism or substance abuse, or mental illness.

BATTERED WOMEN'S SHELTERS: where abused women may stay one night to three (3) months, and counseling is provided.

SINGLE-ROOM OCCUPANCY (SRO): are generally residential hotels, rooming houses, or converted apartment buildings in which people rent single, furnished rooms.

Chicago Hunger Watch Report: 1983

THE CHICAGO HUNGER WATCH took shape from the efforts of many people. Our reward will be in your joining in the struggle to feed the hungry.

8th Day Center for Justice
Staff: Marion Goeddeke, Dorothy Gartland, Anita Baumgartner, Tom Fox
Volunteers: Anne Larang, Jean Wildman, Kevin Clancy, Keith Courtney, Dale Hennen, JoAnn Gragnani

Jewish Council on Urban Affairs
Staff: Steven Moss, Karen Singer
Interns: Therese Mobley, Joni R. Levin

Food Justice Programs
Staff: Paul Stewart, Donna Hardina
Volunteer: Florence Field

Food/Nutrition Task Force of I-CARE (Illinois Coalition Against Reagan Economics)
Pat Crowley, Bridget Lowry, Judy Birgen, all the staff members named above, and many others
Volunteers: Laura Svehla, Aimee Fleming, Brenda Kriss, Ann Seigel

Assistance and Special Consultation:
Kirsten Grønbjerg -- Sociology Department, Loyola U
John Mix -- Campus Ministry, Loyola U
Leah Krantz -- Greater Chicago Food Depository
Beverly Decker -- Church Federation of Greater Chicago

Editors:
Tom Fox, Kent Peterson, Lauren Hughes

Layout:
Lauren Hughes

Funding:
The Chicago Community Trust
Jewish Council on Urban Affairs
Hunger Task Force of the Chicago Presbytery

Special Thanks to all the organizations mentioned above for generously providing staff and volunteer time for this project. Thanks also to city and state officials who supplied us with the material we requested.

Introduction

THE CHICAGO HUNGER WATCH sprang from the need to document more extensively the increase in hunger in Chicago. By the fall of 1982, the Food/Nutrition Task Force of I-CARE (Illinois Coalition Against Reagan Economics) had survived almost two years of advocacy on behalf of Chicago's hungry with the City Council and with Mayor Byrne. We knew that at times our zeal surpassed our marshalled facts. But more frustrating was our effort to awaken others, including the media, to the problem of hunger all over our city. People demanded facts, by which they generally seem to have meant statistics.

The catalysts that helped us change frustration into a project were the Bread for the World handbook "Hunger Watch U.S.A." and the Food Research and Action Center guide "How to Document Hunger in Your Community." By November, 1982, we had sent out our first surveys to Chicago neighborhood food pantries. But funding was short. Then the Chicago Community Trust showed interest in a grant for technical assistance, and we began to pursue the project in earnest.

The first preliminary report (a 25 page update) appeared in March, 1983. In May, our second preliminary report (a 6 page fact sheet) found wide distribution in three different forms. At that time, we promised ourselves and others to have the final report finished by July 1.

Finally, in October, 1983, THE CHICAGO HUNGER WATCH REPORT is emerging into public light.

Our goal in this report is to provide an accurate and detailed picture of the hunger crisis in Chicago. More specifically, we are providing original data on the private emergency food network and bringing together in one place other obtainable and pertinent information on hunger in Chicago. Thus, our report might help influence the decisions of administrators and legislators at all levels of government. For other anti-hunger advocates and for the general public, this paper seeks to provide a systematic and accurate resource on hunger in our city. We have focused on Chicago because we have seen the great need here and because we already had built relationships with many emergency food providers here.

Although this report is extensive, it is not comprehensive. Medical studies on the health effect of undernutrition here, interviews with social workers and teachers on work performance of the undernourished, specific in-depth research into the 14 communities in Chicago where poverty hangs heaviest, and -- most importantly -- interviews with the poor on what life in Chicago without enough food is like -- are all lacking in our report. We do not claim to prove that 790,000 people in Chicago are suffering the dire consequences of malnutrition, but our research convinces us that hunger is a regular companion for that many Chicagoans.

The Report of the Presidential Commission on World Hunger (March, 1980) remarks: the major hunger problem we are facing today is not famine or starvation but chronic undernutrition. "Chronic undernutrition results when people consumer fewer calories and less protein than their bodies require to lead active, healthy lives." (Page 15) It is this kind of undernutrition that leads to high rates of infant mortality and increased vulnerability to infectious diseases. It hinders motivation, concentration, learning abilities, and the capacity to perform tasks requiring stamina and physical strength. (15) "Chronic undernutrition and malnutrition are also largely ignored because their victims have little or no political power, and even less economic strength." (18) Powerlessness perpetuated hunger. "Hunger poses a political, economic, and social challenge." (18) And finally, "Poverty is the basic cause of hunger today." (19) What is true for the Third World is, unfortunately, too true also for the United States, Illinois and Chicago.

We begin this report with the conviction that no reporter is without bias. We believe that honesty requires that our readers know and acknowledge our presuppositions. With pride we consciously choose to carry a brief for the hungry of Chicago.

Our main prejudice is that every person bears the right, from their human dignity alone, to a decent standard of living. Work with adequate pay is the primary way society fulfills the claim of justice to all. When people are unable to work because of age or disability, their right to a dignified living standard is not diminished. Seventy-one percent of Chicago's poor are either over 65 or under 18. Likewise, when jobs are not available or people lack marketable skills, we hold that a government rooted in the principle of equality of opportunity cannot remain neutral. Government which has always been deeply involved in the economy bears the ultimate responsibility toward its people to assure their legitimate rights and dignified existence.

Another major bias we have is that tearing the "safety net" of social programs for the poor at a time of economic downturn and high unemployment is irresponsible and heartless. We hold that anti-poverty and anti-hunger programs, even before the Reagan-Thompson cuts, were inadequate in the amount of grants and in the outreach to those who were eligible but not participating. However, at least the programs were then headed in the right direction: toward expansion based on need. Outreach is needed to the 3-400,000 Chicagoans whose income falls below 130% of the poverty line and yet do not participate in the programs. As Mr. Reagan observed when he set up the task force on hunger, "If the poor, who are eligible by law for this help, are not receiving it, then something is wrong." This report, we believe, takes a step toward pointing out what is wrong.

Personal Testimonies

In an effort to put faces on the numbers this study deals with, we asked food pantry workers to share some of their experiences. They speak clearly of the growing problems of poverty and hunger in Chicago in their own words in the stories that follow.

Some families are facing the problems of poverty for the first time:

> *...a man with 6 children whose company folded, suddenly needs our help with bills, food.*
>
> *We were made aware of the need for food of a family whose father had been working many years as Certified Public Accountant and the mother was also employed in office work, but became ill with Lupus and the father lost his job. They have six young children to support and send to school and were too ashamed to ask for food until a friend called us to let us know.*

Once a family seeks help, the system can cause agonizing delays.

> *One family of four: father's compensation depleted, the mother was injured in an auto accident was unable to continue working. Was not eligible for compensation. Family was without any income for 3 months. Then they were put on aid.*
>
> *A father of 8 was layed off last September '82. He was a Case-Aid-Worker for Cook County Department of Public Aid. Following the lay off, he had a heart attack and he is a diabetic. They now live on his unemployment compensation and he has NO MEDICAL GREEN CARD for insulin, etc. The family will eventually get on aid.*

Once a family gets help, how long will it last?

> *Yesterday I met an old couple, disabled, both with vision problems. They are unable to keep house clean because she can barely walk with arthritis and out of medicine for diabetes until social security check comes. Took food, gave $10 for medication --*

they also need home help but cannot pay -- needs on-going.

A 19 year old male -- brain damaged (with other injuries) in a car accident, was getting SSI, is now 33 years old and Social Security cut him off completely with no reason. Living with Mother, who works, but is also in ill health.

A woman who has cerebral palsey has had her food stamp budget cut and more seriously has had her medical benefits decreased. This decrease now prevents her from getting medication that is necessary to keep the cerebral palsey under control. However, she could use the rent money to purchase the medicine and if she chooses to do so, she will be evicted.

Common Law Family with 7 children, Mother on GA -- Father on GA. Family cut off. Because mother pregnant and unable to work on workfare program. Father is also cut off (reason unclear on this). Seven children in want because of this...Wife was pregnant with child. She was expected to report to workfare program and because she did not due to imminent birth of child, she was suspended from GA along with child. Family has been forced to rely on us and DHS for food.

Once a family gets help, will there be enough money for necessities?

Several have had to move, unable to afford rent, some GA have been evicted due to being short on rent, some have difficulty getting benefits -- unable to find housing at benefit level, and thus not qualify (or so they are told) for benefits.

Mrs. X is a GA recipient. She receives $144 in GA, but her rent is $150. She has returned to our agency several times within the last few months as she cannot live on the $144 + $70 in food stamps. Her housing is in terrible shape and she has no funds to purchase personal items -- soap, shampoo, etc.

One gentleman used to receive stamps and $148.

> *Now only $148. His rent is $150 per month.*
>
> *A young man came to us one Sunday that had been to the doctor or hospital the day before. He had a Green Medical Card, however, the medications that he needed were not covered on this card. He had been to several pharmacies and used up his money. He wanted help in purchasing his medicine.*

What do you do when there's just not enough for the whole family?

> *A family across the street had to send one of its sons down South because there wasn't enough to go around. (only 14 years old)*
>
> *There is a woman who is dying of cancer. She is 58 and has worked all of her life. She is not on disability. Her disability check and $35 a month in food stamps do not cover her cost of living expenses at all. When she came to us she had not eaten in three days. We supply her monthly with additional food and other necessities which she cannot get. In addition to being a humiliating experience for her, it has been a source of worry and frustration at a time in her life when she is also experiencing the discomfort and pain of dying. This month she has not received her food stamps because of the new system. I have talked with Public Aid and have gotten no cooperation other than they do not know what to do, either.*
>
> *One woman I took food to had lost lots of weight. She said there was not enough food and the children have to come first. She said, "Mothers are like that you know."*

Hunger in Chicago: Summary

Poverty

More than 600,000 people in Chicago fell below the poverty line in 1979 ($7,412 for a family of four). This figure is 25% higher than the number of people in poverty in 1969, an increase from one person in seven living below the poverty line to one person in five.

This trend of the '70's has escalated in the '80's. If national poverty increases are valid for Chicago, by 1982, the number of people in poverty in Chicago would be 790,000 or more than one person in four. A quarter of Chicago's poor live in nine communities. The causes of hunger, according to recent studies, is poverty.

Infant Mortality

Last year, 745 babies died before their fourth week of life and 1,143 died before their first birthday. At birth, 5,477 babies weighed less than 5½ pounds and were at a "high risk" of dying. In 1982, the Infant Mortality Rate in Chicago rose to 21.8 deaths for every 1,000 live births. Inadequate maternal nutrition is a key factor influencing infant mortality.

Child Health

More than a third of the children screened at the pediatri emergency room of Cook County Hospital during a study in the spring of 1983, showed severe nutrition-related problems.

Increased Hunger

Between the fall of 1981 and the late winter of 1983, the City of Chicago's Emergency Food Program responded to a ninefold increase in the demand for food. The Greater Chicago Food Depository (food bank) distributed four times as much food to member agencies. The number of member agencies also doubled over the last two years. The number of Church Federation pantries increased 45% and served almost 40% more people. They still had to turn away 41,000 people because food ran out. Generally, Chicago pantries supplied emergency food to 131% more people in late winter of this year than they did before the first Reagan cuts took effect.

The number of soup kitchens jumped over 80% in the last two years and were serving 11,500 meals a week this spring.

At least 224,000 Chicagoans are seeking emergency food each month. The actual number may be twice as high. Perhaps half of them receive some form of public assistance.

Increased Unemployment

In August, 1981, Chicago's unemployment rate was at 9.3% with over 142,000 people out of work. A year later, in September, over 192,000 workers were jobless (12.7%). By April, 1983 more than 175,000 people made up the official unemployment rate of 11.3% in Chicago.

Federal Food Programs

Although federal food programs have never reached all of the poor, $12 billion in cuts over 1982 - 1985 eliminated many working poor from food aid and reduced already inadequate benefits for those who still receive assistance.

Children

Supplemental Food for Women, Infants and Children (WIC): Between the fall of 1981 and late winter of 1983, monthly service more than doubled (+134%), then backed off 10% (overall gain: 110%). Average monthly benefits rose 20% in 1982 and then fell 5% in 1983 (overall gain: 15%). However, almost half of the children who were income eligible were not helped.

Summer Feeding: Tens of thousands of Chicago children were deprived of the possibility of receiving free summer meals in 1982 by the elimination of private sponsorship of the program. This summer, over 2 million children received free meals in Chicago.

Child Care Food Program: Day care centers have closed and meals have been cut back in centers that were able to survive the cuts.

School Breakfast Program: Last year, almost 300,000 Chicago children were eligible for free or reduced price meals. Fewer than one in four actually received breakfast at school. Fewer than one in ten eligible Catholic elementary school children received free or reduced price breakfasts at school.

National School Lunch Program: Almost 94% of eligible Chicago children actually ate free or reduced price lunches on an average school day last year.

Seniors

Golden Dining and Meals on Wheels: Fewer than one in five elderly persons living below poverty shared in these two federal senior feeding programs. Expansions in the programs from 1979 to 1981 (the latest data available) have overwhelmingly benefited seniors who are not living below the poverty line.

General

Food Stamp Program: Over 15,000 people in Cook County were eliminated from the Food Stamp Program by FY 1982 cuts. By January, 1983 participation reached pre-cut levels.

Surplus Commodities: Over 8.6 million pounds of surplus cheese and 5 million pounds of butter came into Chicago since President Reagan announced wider surplus distribution. This spring, other food items such as rice, corn, powdered milk and honey were available. Government stockpiles continue to grow by millions of pounds of food a month despite the "giveaway."

Cash Assistance Programs

Aid to Families with Dependent Children: Over 15,000 mothers and children had been terminated from AFDC in Chicago by mid-1982. Since August, 1982, AFDC rolls again began to increase. Almost 439,000 mothers and children received an average grant of $91.43 per person per month in the first quarter of 1983 in Chicago. AFDC benefits have not been raised since January, 1981. A mother of three receives a mere $368 a month from AFDC, just 15% more than in 1978 even though living costs have risen 96% since then.

Supplemental Security Income: A speed up effort to check eligibility has intimidated the aged, blind and disabled clients of SSI. In Cook County, participation dropped 3% in 1982, then recovered slightly in 1983.

Illinois State General Assistance: The number of GA recipients in Chicago doubled since 1979 to 123,500. This includes over 14,500 children. The GA grant has been cut 22% to $144 in the same period by Governor Thompson.

Special Signs

Of Deepening Poverty in Chicago

- 6,000 more AFDC participants between August 1982 and March, 1983; 4.500 more are thought eligible by the IDPA.

- 4,000 more AFDC-Unemployed enrolled in early 1983 than before the cuts; 4,600 more are thought eligible by the IDPA.

- 40,000 more Chicagoans participated in GA in April 1983 than before the Reagan cuts.

- 72,000 more food stamp recipients in Chicago in April 1983 than before the cuts.

Of Hope in Chicago

- Five major food drives and two hunger walks in Chicago these last two years netted 1.4 million pounds of food and at least $55,000 for hunger.

- About $72 million was collected by United Way and the Neediest Families programs in 1982 for social services including food. United Way is hoping to collect $77 million this year.

- Over $2 million of federal funds came to Chicago for food this summer, thanks to the emergency jobs bill.

Recommendations

TO THE FEDERAL GOVERNMENT, THEREFORE, WE RECOMMEND NOTHING SHORT OF A MAJOR PUBLIC WORKS PROGRAM TO PROVIDE ADEQUATELY PAID JOBS FOR THE UNEMPLOYED AND A MASSIVE RETRAINING OF THE WORKFORCE, at lease equivalent to the retraining that took place through the GI Bill after the Second World War.

TO THE FEDERAL GOVERNMENT, WE FURTHER RECOMMEND THE RESTORATION OF SOCIAL PROGRAMS AND THEIR EXPANSION TO REFLECT THE ACTUAL LIVING COSTS, ESPECIALLY FOR FOOD, ENERGY AND HOUSING. As the General Accounting Office remarks, "The overall effectiveness of all Federal domestic food assistance programs in today's environment has not been evaluated...Are segments of the needy population ignored by these programs?" (Public And Private Efforts to Feed America's Poor. June 23, 1983, pp. 31-32)

TO THE FEDERAL GOVERNMENT, WE FURTHER RECOMMEND, AS A BASIS FOR EVALUATION OF FOOD PROGRAMS THAT NATIONAL HUNGER SURVEILLANCE BE LEGISLATED AND FUNDED. "There is no accurate assessment of the extent to which Americans are going hungry or are malnourished." (GAO, 31) We support, with less enthusiasm, a similar recommendation of the Social Services Task Force, City of Chicago, that calls for the systematic coordination of the collection of such information through health facilities and emergency food programs. (Progress Report. April, 1983, pp. 8-9)

TO THE STATE OF ILLINOIS, WE RECOMMEND AN IMMEDIATE INCREASE IN THE GENERAL ASSISTANCE GRANT TO $200 A MONTH WITH SUBSEQUENT COST OF LIVING INCREASES.

TO THE STATE OF ILLINOIS, WE FURTHER RECOMMEND AN END TO THE HIRING FREEZE AND LAYOFFS OF CASEWORKERS IN THE DEPARTMENT OF PUBLIC AID AND ENLARGING OF THE STAFF TO MEET THE INCREASING DEMAND FOR ITS PROGRAMS.

TO THE CITY OF CHICAGO, WE RECOMMEND THE IMMEDIATE IMPLEMENTATION OF THE SOCIAL SERVICES TASK FORCE RECOMMENDATIONS. (Progress Report. April, 1983 pp. 8-9)

TO THE CITY OF CHICAGO, WE FURTHER RECOMMEND THE FORMATION OF A CITIZENS' COMMITTEE ON HUNGER, ALONG THE MODEL OF THE COMMITTEE ON ENERGY.

TO ALL WHO READ THIS REPORT, WE RECOMMEND AN ACTIVE, COMPASSIONATE RESPONSE TO HUNGER IN CHICAGO THROUGH DIRECT INVOLVEMENT IN EMERGENCY FOOD PROGRAMS AND AGGRESSIVE ADVOCACY FOR THE HUNGRY WITH FEDERAL AND STATE LEGISLATURES AND ADMINISTRATIONS.

TO ALL WHO READ THIS REPORT, WE FURTHER RECOMMEND THE NECESSARY COLLABORATION AND COOPERATION OF THE PUBLIC AND PRIVATE SECTORS IN FEEDING THE HUNGRY IN THE PRESENT CRISIS, ESPECIALLY THROUGH SUPPORT AND EXPANSION OF THE EXISTING EMERGENCY FOOD NETWORKS.

The Growth of Poverty in Chicago

By Kirsten A. Grønbjerg

That poverty causes hunger is a virtual certainty. Poverty in Chicago has grown in both absolute and relative terms during the ten year period from 1969 to 1979 -- up from 1 in 7 to 1 in 5 persons.

Statistics on the extent of hunger in Chicago are difficult to come by. However, hunger is closely related to poverty. If poverty has become more widespread in Chicago, so has hunger. The number of Chicagoans living in poverty has increased both in absolute and relative terms between 1969 and 1979, the date for which the most recent information is available (U.S. Bureau of the Census).

More than 600,000 people in Chicago fell below the poverty line in 1979, up 25% from 482,000 in 1969, or from one in 7 to one in 5. For families the increase was even steeper: up 36% from 88,000 in 1969 to 120,000 in 1979, or from one in 10 to one in 6. And almost two-thirds of those families were headed by women: in 1979 two out of every 5 families headed by women were poor (77,000), compared to one in three (47,000) in 1969.

The increase in poverty has been especially severe for Hispanics, who have experienced a 131% increase in their poverty population (from 44,000 to 101,000) and Blacks, up 37% from 273,000 to 375,000.

What is even more significant is that this increase of 118,000 poor people between 1969 and 1979 occurred in the same period when the city lost 362,000 in total population, primarily whites: The number of Blacks increased 8% or (94,000), and Hispanics 71% (or 174,000). But the increase in poverty among minority groups was far greater than their increase in population. And although the population which was neither Black nor Hispanic decreased by 630,000, the incidence of poverty for this group increased from 8 to 9 percent.

Of the more than 600,000 Chicagoans living in poverty in 1979, three-quarters, or more than 454,000, were living in extreme poverty (less than 75% of the poverty level), people for whom hunger was a virtual certainty. Given the increase in unemployment over the last 4 years and the inability of welfare payments to keep up with inflation, it is clear that the extent of poverty in Chicago is far greater in 1983 than these figures suggest.

Much of the poverty, and the hunger, is likely to be concentrated in those areas of the city which already had extensive poverty in 1979: nine community areas with a median family income of below $10,000, compared to the city-wide median family income of $18,776. These areas had about half of their overall populations living in poverty in 1979, accounting for one-fourth of the city's poverty population, but only 10% of the total population. These areas include East Garfield Park, the Near West Side, North Lawndale, the Near South Side, Douglas Park, Oakland, Grand Boulevard, Washington Park, and Riverdale.

Infant Mortality and Related Problems in Chicago

By Tom Fox

Infant Mortality is regularly used as an indicator of the extent of poverty in Third World countries. Chicago's Infant Mortality Rate, which was already high, increased in 1982.

The following table compares Chicago, Illinois and national rates in the categories of Infant Mortality, Neonatal Death and Low Birth Weight. Infant Mortality and Neonatal Death Rates are on a per 1,000 births basis. Low Birth Weight is in percentage of live births. (See appended tables for more detail on Chicago.)

	1979	1980	1981	1982
Infant Mortality Rate[1]				
National	13.1	12.6	11.7*	N.A.
Illinois	15.1	14.7	13.9	13.6
Chicago	22.6	22.4	21.2	21.8
Neonatal Death Rate				
National	8.9	8.5	N.A	N.A
Illinois	10.4	9.9	9.7	9.3
Chicago	14.5	14.1	14.1	14.2
Low Birth Weight %				
National	6.9	6.8	N.A.	N.A.
Illinois	7.4	7.2	7.4	7.2
Chicago	N.A.	10.4	10.6	9.7

*Provisional

While Illinois rates of infant mortality, neonatal death and low birth weights exceed national averages, Chicago rates regularly run 60 to 80% above the national norm.

Low Birth Weight is most closely linked to early infant death. An infant born weighing less than five and a half pounds is considered "premature" and of high risk. Last year, 5,477 babies born in Chicago were in this category. The Infant Mortality Rate record deaths occurring during the first year, per 1,000 live births. The Neonatal Death Rate records the infant deaths occurring during the first 28 days per 1,000 live births. Studies have shown that 74% of deaths during the first year occur during the first four weeks.

Last fall, much media attention was directed toward Chicago's high Infant Mortality Rate. (2) At that time, it was believed to be 18.9 deaths per 1,000 births (actually, it was 21.2). This meant that Chicago had the third worst rate in the nation and a higher rate than any European country. Some Chicago neighborhoods, such as Avalon Park, showed rates of over 50 per 1,000. (3) But in spite of the attention focused on the issue, nothing was done. (4) And in 1982, Chicago registered an increase in its Infant Mortality Rate, in contrast to continued decreases at the national and state levels. This also reversed its own downward trend of the previous three years. (5)

The relationship that infant death, neonatal death, and low birth weight have to inadequate maternal nutrition during pregnancy and insufficient infant nutrition after birth is widely recognized. A special relationship to infant mortality is also held by teenage pregnancy. Again, poor nutrition and nutrition habits are important factors influencing the pregnancy outcome and health of the teenage mother and her infant. The Illinois State Council on Nutrition, which studied this problem in 1981, concluded:

> Teenage pregnancy was responsible for 16% of the births, and more than 20% of neonatal deaths and 30% of postnatal deaths...The risk of death for babies born to teenage mothers is nearly two times greater than that of those born to mothers in their twenties. (6)

Footnotes

1. Rates for the U.S. from the U.S. Department of Vital Statistics; for Illinois from the Illinois Department of Public Health; and for Chicago from the Chicago Department of Health.

2. Cf. e.g , WLS-TV Editorial reply, December 20, 1982 and the next footnote. The Healthy Mothers, Healthy Babies Conference held in November 1982, was responsible for much of

the impetus that brought infant mortality to the attention of the media.

3. Health and Medicine Policy Research Group, 220 S. State St., Suite 300 Chicago, Illinois 60604. The Health Mothers, Healthy Babies Conference provides a map of the city showing 1981 rates by communities.

4. Dr. Hugo H. Muriel, then Commissioner of the Chicago Department of Health, announced that funding of $1.2 million for outreach to potential WIC recipients would be available in October, 1982. Chicago Sun-Times, October 20, 1982, page 11. Critics of the announcement charged that the program represented little new money.

5. A similar rise in Infant Mortality Rates was noted in 33 other cities and counties by a 1982 FRAC telephone survey of 35 areas. Cf., CNI, January 27, 1983 and the Chicago Sun-Times article by William Hines, "Infant death rise linked to cuts," January 25, 1983.

6. Doris M. Narins and Virginia R. Hill, in Illinois State Council on Nutrition, Annual Report, 1981. ISCON also funded studies on the nutritional habits of pregnant women in the WIC program. Cf., Nutrition, September, 1980. Unfortunately, these studies never reached publication.

TABLE II

Infant and Neonatal Deaths
With Rates by Race; With Births by Race
Chicago Occurrence: 1980, 1981, 1982
(Source: Department of Health City of Chicago)

Infant Deaths (1 Year)	1980	1981	1982
Total Infant Deaths	1235	1131	1143
Births	55,946	53,227	52,365
Infant Mortality Rate	22.4	21.2	21.8
White (And Hispanic)	458	424	419
Births	25,616	24,523	23,927
Mortality Rate	17.9	17.3	17.5
Black	748	676	671
Births	28,190	26,522	26,093
Mortality Rate	26.5	25.5	25.7
Other	33	21	35
Births	2,176	2,178	2,345
Mortality Rate	15.4	9.6	14.9
Unknown	14	10	18
Births	4	4	-
Neonatal Deaths (Under 28 Days)			
Total Neonatal Deaths	787	753	745
Mortality Rate	14.1	14.1	14.2
White (And Hispanic)	288	298	278
Mortality Rate	11.2	12.1	14.2
Black	468	435	431
Mortality Rate	16.6	16.4	16.5
Other	20	14	24
Mortality Rate	9.4	6.4	10.2
Unknown	11	6	12

TABLE I
Growth of Poverty in Chicago

Poverty Population Only	1969 Numbers (Thousands)	1969 % In Poverty Of Total	1979 Numbers (Thousands)	1979 % In Poverty Of Total
Families	87.9	10.6	119.9	16.8
Female Headed Fam.	46.7	32.0	77.2	40.2
Black Families	50.5	20.7	N.A.	N.A.
Black Female Hd. Fam.	33.3	46.5	N.A.	N.A.
Hispanic Family	8.4	15.6	N.A.	N.A.
His. Female Hd. Fam.	3.2	49.5	N.A.	N.A.
Population 65+	64.1	20.7	51.1	15.4
All Persons	481.8	14.5	601.4	20.3
Non-Bl/Non-His.	164.6	8.3	125.0	9.2
Blacks	273.3	25.1	374.9	31.7
Hispanics	43.9	17.8	101.5	24.1

Total Population	1969 Numbers (Thousands)	1979 Numbers (Thousands)
Families	829.4	712.1
Persons	3,327.1	2,965.6
Non-Bl/Non-His.	1,992.1	1,362.2
Blacks	1,088.4	1,182.5
Hispanics	246.6	420.9
Pop. aged 65+	310.2	331.7

SOURCES: U.S. Bureau of the Census, Census of Population 1970, Vol. I, Characteristics of the Population, Part 15, Illinois - Section 2. Washington, D.C. U.S. Government Printing Office, 1973; Department of Planning, City of Chicago: 1980 Census Report: Income. City of Chicago: Department of Planning, November, 1982.

The Number of Hungry People in Chicago is Growing

Documenting Hunger's Effect on Health

By Keith Courtney and Tom Fox

More than one-third of the children examined in the first phase of a new study showed serious development problems related to deficiencies in nutrition. Chicago area emergency rooms list various ills as being related to malnutrition.

One of the most obvious ways of documenting hunger is by observing the health consequences of prolonged hunger and malnutrition. Statistics on pregnancy complications such as rates of low birth weight babies, infant mortality, maternal death, premature births and mentally retarded infants, are available to the persistent researcher. Poor growth records of children and reduced resistance to disease in the community at large may be observed and interpreted by competent medical researchers.

Chicago Hunger Watch tried to obtain data on infant mortality and low birth weight (presented elsewhere). However, we lacked the medical competence to carry out anthropometric measurements or to interpret statistics on disease. This recognition, combined with the energy generated on the hunger crisis in Chicago recently, convinced us to leave medical aspects of documenting hunger to more competent hands.

Competent medical and health care professionals are, in fact, currently conducting a multi-phased study of children brought to the pediatric emergency room of Cook County Hospital. In response to their observation of the worsening plight of Chicago's poor, especially pregnant women and children, medical and health care personnel formed the Healthy Mothers, Healthy Babies Coaltion in the fall of 1982. The first phase of the Cook County Hospital study, which the Coalition energized, exhibits shocking results: Over a third of the children examined showed severe growth problems related to nutrition deficiencies. Thirty-three and a half percent (33.5%) of the 318 children screened fell below the tenth percentile for one of the following parameters: height for age, weight for age, or weight for height.

The Chicago Hunger Watch did attempt a telephone survey of emergency rooms in Chicago in order to obtain information concerning the number of malnourished individuals being treated.

Approximately one half (28) of the hospitals in Chicago were contacted. In most cases, the person interviewed was either a hospital social worker or the Emergency Room Charge Nurse. In general, the smaller hospitals presented a lower awareness of the nutritional needs of their patients.

Before all Chicago hospitals were contacted, we decided to terminate the study. Our conclusions were that those who showed up at emergency rooms were seeking care for acute illnesses. The emergency room medical staff, in general, is trained to deal with acute illnesses. As a result, a chronic illness such as malnutrition does not necessarily manifest itself unless the patient is admitted to the hospital for care.

The following is a list of illnesses listed by the emergency rooms contacted as being related to malnutrition: gastroenteritis, pain (chest), insomnia, anemia, electrolyte imbalance, and dehydration.

Research Assistance by JoAnn Gragnani

Increased Need for Food: Public and Private Efforts to Feed the Poor

By Tom Fox

Emergency food programs throughout Chicago have more than doubled their service in response to growing hunger. Without a new outpouring of funds and food this fragile lifeline to the hungry may snap.

Increased Need: The National Context

In the last two years, several national surveys sought to draw attention to the human services crisis and the cities' ability, or inability, to cope:

a. How Prepared Are Our Cities? (April, 1982) reported the responses of 21 cities, including Chicago, to a questionnaire prepared by The Cornucopia Project of Rodale Press and sent to 30 cities. The study found little coordination and almost no policy with regard to food. Many cities interpreted the phrase "emergency food" to be part of a civil defense policy.

b. Human Services in FY 1982: Shrinking Resources in Troubled Times (October, 1982) published the results of a survey of human services' officials in 55 cities, Chicago included, by the U.S. Conference of Mayors. Forty cities (73%) identified food as among the services most in demand. (b-13)* In FY 82, 20 cities felt unable to meet even half the demand for emergency services; 15 said they met more than half. City officials approximated that 43% of the emergency demand was being met overall. (b-13)

Human services officials enter FY 83 with the belief that the gap between the service needs of city residents and the service capabilities of local programs will widen, that the growing numbers of unemployed and poor people living in America's cities will have fewer services available to them and that fewer opportunities for relief from the human misery that accompanies joblessness and poverty will present themselves. (b-5)

c. Soup Lines and Food Baskets (May, 1983), conducted by the Center on Budget and Policy Priorities, surveyed private non-profit agencies that operate food programs across the nation.

*Surveys are henceforth designated by the code letter under which they appear in this list. Numbers indicate the page(s).

A systematic random sample of 160 agencies with 181 emergency food programs substantiated on a national basis what fragmentary and anecdotal reports had been maintaining: That use of emergency food services had risen significantly and that many more feeding agencies were appearing. The Greater Chicago Food Depository and some of its affiliated agencies were included in the survey which covered the period between February, 1982 and February, 1983.

> More than half of the 181 emergency food programs in the survey reported that the number of free meals or food baskets they provided increased by 50 percent or more during the year. Nearly one-third of the programs doubled in size over the same time period.
>
> Substantial increases also occurred in the number of agencies operating emergency food programs. At half of the (16) food banks, the number of agencies providing emergency food aid grew 33 percent or more during the year ending February, 1983. The increase in the number of emergency food programs per food bank ranged from 13 percent at one food bank to 100 percent at another. (c-1)

d. Hunger in American Cities (June, 1983), also prepared by the U.S. Conference of Mayors, studied eight cities: Cleveland, Detroit, Nashville, New Orleans, Oakland, Rochester, and San Antonio. All these cities experienced a "recent and significant increase in the demand for emergency food assistance," ranging from 33% to 400%. (d-5)

e. Public and Private Efforts to Feed America's Poor, GAO/RCED-83-164, (June 23, 1983), combined analysis of public records and 33 site visits to private emergency food centers in the Washington D.C., Cleveland, and northern California areas. The U.S. General Accounting Office cautiously observes: "An official national 'hunger count' does not exist. No one knows precisely how many Americans are going hungry or how many are malnourished." (e-i) Still, the study records reports of significant numbers of people seeking food assistance during the past few years. The GAO cites The National Council of Churches' Working Group on Domestic Hunger and Poverty (2-300% increases), the Salvation Army, and the United Church of Christ -- World Hunger Action (40%). Food banks visited by the GAO in Washington, D.C., Baltimore, California, and Ohio show recent large increases in numbers of people served and growth in the number of agencies seeking affiliation. (e-5-6)

Increased Need: Chicago

Chicago was the only city surveyed by the Cornucopia Project in 1982 that had an emergency food service. Perhaps on that basis, Chicago stated:

> Food, clothing and shelter are the basic necessities of life for all people. It is the city's policy that all Chicagoans shall have these basic necessities of life. The city works cooperatively with all other institutions, public and private, to insure that citizens receive these necessities. (a-7)

Chicago's overconfidence appears in the review of human services by the U.S. Conference of Mayors. Chicago officials claimed, along with four other cities, that most emergency service needs had been met. (b-13)

f. The Emergency Family Food Program, administered by the Chicago Department of Human Services, documents carefully its amazing increase in services at 16 sites, from 1981 to 1982:

	1981	1982	Percent of Increase
Total Requests	21,756	78,433	260.5
Total Requests Approved	19,312	74,304	284.8
Persons Served	51,516	190,231	269.3

Because the increase in service expanded particularly from May, and again from November, 1982, a comparison of selected months presents the increase even more strikingly into 1983. (See the appended Chart, Table VI)

g. The Greater Chicago Food Depository, the food bank for the metropolitan area, almost doubled the amount of food it handled each year for the past three: in 1980, 1.6 million pounds; in 1981, 3.2 million pounds; and in 1982, 6.1 million pounds. In the first four months of 1983, 3.5 million pounds were distributed by the Depository.

By May, 1983, the number of member agencies increased 76% to 490 from May, 1982. The number of member pantries climbed 21% from 211 and the number of congregate feeding sites grew 43% to 235. Approximately 10 new agencies were joining the Depository each month. However, 284 agencies remained on the waiting lists.

The Depository surveys its agencies quarterly to ascertain the number of persons being assisted. (See the appended chart, Table VII)

h. The Church Federation of Greater Chicago, which provides supplies of processed food and fresh produce to church affiliated pantries, records the numbers of people served and those turned away for lack of food. In 1981, the Federation's network served 330,000 persons and reported that there were 28,000 more it was unable to serve. In 1982, a total of 450,112 persons were assisted and another 41,017 not served. In December of 1982, 96 of their pantries served 94,984 persons and were unable to help 2,021 more. By March, 1983, the number of persons served in 101 pantries reached 93,036 with 7,903 denials because of lack of food.

The number of pantries increased from 80 in June, 1982 to 116 by June 1, 1983. Thirty to fifty pantries remain on the waiting list. Perhaps 80 pantries receive supplies from both the Federation and the Depository. Both food banks include in their reports affiliates from the total metropolitan area.

i. The Chicago Hunger Watch Pantry Survey of private pantries during selected months of 1981, 1982, and 1983 offers an adequate sampling for projections of increased demand for food assistance in the city proper. Of the 68 pantries which responded, 93% testified to increased demand. Total rates varied from 40% to 900% for the 18 pantries that provided percentage of increase. (See the full report elsewhere in this study.) Between September-October of 1981 and the same period of 1982, monthly service levels in the 50 Chicago pantries which gave us comparable figures increased 59% to 17,300 each month. By March and April, 1983, the number of people helped rose to over 25,000 each month, another 45% increase. In other words, from the fall of 1981 to the spring of 1983, the number of people served by Chicago's pantries jumped 131%.

j. The Soup Kitchen Survey, carried out in the spring of 1983 by The Chicago Hunger Watch, found a 45% increase in Chicago kitchens in 1982 and another 19% increase in 1983. The new soup kitchens accounted for 35% of the 11,500 meals served in Chicago each week during the late winter of this year. (See the article Soup Kitchen Survey elsewhere in this study.)

k. The Progress Report of the Social Services Task Force of Chicago (April, 1983), reporting on the emergency food situation, also records the doubling of food distribution by public and private agencies throughout the city between 1981 and 1982. (k-84) The Task Force brought together city officials and major private sector food providers.

Causes for Increased Demand: National Context

The two major causes cited by national surveys for the increase in requests for food are:

1. High Unemployment
2. Government cuts, especially in food assistance programs. (b-2) (c-1) (d-5) e-5)

Hunger...(d) adds the high cost of necessities (7 of 8 cities mention this cause) and the transient job seeking population (4 cities). The following remarks are directed to the two major causes of increased demand for food.

1. High Unemployment: Soup Lines... found that all 160 private agencies surveyed saw a significant number of unemployed workers. (c-1) All the 8 cities of Hunger... attributed increased demand to unemployment. And even the cautious GAO in Public... notes the concurrence between increased demand and high unemployment. (e-3)

The GAO is clear, however, in reporting the cause of high unemployment:

> To deal with inflation, the Federal Reserve -- with apparent administration support -- brought about a sharp reduction in the growth of money and credit during 1981. As in the past, this reduction produced a rise in unemployment and a drop in the rate of inflation during 1982 and 1983. Inflation was also lowered by a decrease in world petroleum prices. (e-3)

2. Government cuts, especially in food assistance programs. Nine of ten private agencies reported to Soup Lines... that a significant proportion of people whose food stamps ran out at the end of the month came for food. Eight-tenths of the agencies saw more such clients than in the previous year. (c-1) Seven of eight cities also saw federal cutbacks as a cause for increases in food needs, according to Hunger...(d-5) The GAO again circumspectly places increases in demand in tandem with attempts

> by the administration and the Congress to better control Federal spending in many programs designed to provide feeding assistance to the poor and needy. (e-5)

The GAO goes on to record the fears of religious leaders, social workers, advocacy groups, and program beneficiaries that cuts:

> (1) have been too deep, (2) have come at a time of economic downturn when unemployment is high, (3) have come from reduced benefits to families living below the poverty line, and (4) are partly to blame for the increasing number of people requesting help from emergency food programs. (3-9-10)

Federal domestic food assistance programs, the GAO records, increased in terms of current dollars, from FY 1969 to FY 1981, at an average annual rate of 26%. "This rate of growth was halted in fiscal year 1982, when $15.38 billion was spent, a 4 percent reduction from the preceding year." In constant dollars, the FY 82 cut was 7% or $1.23 billion. (e-11) Over the course of four years (1982-1985) the net loss to food programs because of cuts made since 1981 is $11 billion. (See Table VIII for a breakdown by program.)

Causes for Increased Demand: Chicago

Surveys and analysis of the Chicago situation support the same two causes as chiefly to blame for growth in the use of public and private feeding efforts.

1. Unemployment. The Progress Report puts unemployment as the number one cause of the hunger crisis. (k-7) Almost all pantry workers who responded to our survey mentioned the need for jobs. Twenty-eight percent of the 68 pantries reported seeing more of the working class unemployed. It must be noted that when it came to stating the reasons for requesting emergency food in our sampling of recipients (see Why Do People Ask for Emergency Food: Reason for Need Survey, elsewhere in this study), they tended to respond according to their most immediate concerns. "No money," "too many bills," "no food" or "not enough food" accounted for 82% of the responses. Only 24 or 4% of the recipients we sampled specifically referred to unemployment.

2. Government cutbacks. Benefit reductions in Food Stamps and elimination from the program were major factors behind clients' requests, according to 41% of pantries in our survey. Thirty-eight recipients (7%) questioned in our "Reason for Need" sampling said they had run out of Food Stamps and therefore needed emergency food. Also, the Progress Report blames reductions in federal feeding programs -- Food Stamps, School Meals, WIC and group nutrition programs -- for increased demand for emergency food. In our survey, SSI (9% of pantries surveyed), Social Security (6%) and WIC (3%) also come under criticism. Of those seeking emergency food, 28% were General Assistance recipients. Social Security accounted for 25% of those needing food from pantries and AFDC for 17%.

TABLE III

Births - Weights By Race
Chicago Occurrence: 1982

Gram Weights*	Total Births	White**	Black	Other
Under 500	163	52	107	4
500 - 749	157	41	106	10
750 - 849	74	27	46	1
850 - 999	171	50	120	1
1000 - 1249	286	78	202	6
1250 - 1499	305	72	225	8
1500 - 1749	428	123	295	10
1750 - 1999	635	178	441	16
2000 - 2249	1,072	315	728	29
2250 - 2500	2,186	642	1,463	81
2500 - 3000	11,862	4,049	7,236	577
Over 3000	35,002	18,294	15,106	1,602
Unknown	24	6	18	-
Total Births	52,365	23,927	26,093	2,345

* Low Birth Weight is defined as less than 2500 grams (5 lbs. 8 oz.)

** Unfortunately, the Bureau of Vital Statistics in Chicago does not record statistics for Hispanics as a separate catagory. They are included in the column for "white" and cannot be obtained in any other way.

SOURCE: Department of Health, City of Chicago

TABLE IV

Births - Weights By Race
Chicago Occurrence: 1981

Gram Weights*	Total Births	White**	Black	Other	Unknown
Under 500	151	42	101	6	2
500 - 749	154	41	108	4	1
750 - 849	56	13	43	-	-
850 - 999	138	44	94	-	-
1000 - 1249	284	74	209	1	-
1250 - 1499	319	102	214	3	-
1500 - 1749	433	132	289	12	-
1750 - 1999	703	215	475	13	-
2000 - 2249	1,093	289	771	33	-
2250 - 2500	2,312	631	1,595	86	-
2500 - 3000	12,113	4,170	7,379	564	-
Over 3000	35,447	18,761	15,230	1,455	1
Unknown	24	9	14	1	-
Total Births	53,227	24,523	26,522	2,178	4

* Low Birth Weight is defined as less than 2500 grams (5 lbs. 8 oz.)

** Unfortunately, the Bureau of Vital Statistics in Chicago does not record statistics for Hispanics in a separate catagory. They are included in the column for "white" and cannot be obtained any other way.

SOURCE: Department of Health, City of Chicago

TABLE V

Births - Weights By Race
Chicago Occurrence: 1980

Gram Weights*	Total Births	White**	Black	Other	Unknown
Under 500	114	32	81	1	-
500 - 749	154	40	111	3	-
750 - 849	48	14	33	1	-
850 - 999	186	50	133	3	-
1000 - 1249	279	85	188	6	-
1250 - 1499	325	100	212	12	1
1500 - 1749	482	155	317	10	-
1750 - 1999	706	211	475	20	-
2000 - 2249	1,283	357	882	44	-
2250 - 2500	2,261	695	1,498	68	-
2500 - 3000	12,893	4,409	7,943	540	1
Over 3000	37,197	19,460	16,307	1,428	2
Unknown	18	8	10	-	-
Total Births	55,946	25,616	28,190	2,136	4

* Low Birth Weight is defined as less than 2500 grams (5 lbs. 8 oz.)

** Unfortunately, the Bureau of Vital Statistics in Chicago does not record statistics for Hispanics in a separate catagory. They are included in the column for "white" and cannot be obtained any other way.

SOURCE: Department of Health, City of Chicago

Illinois State General Assistance received even more complaints. Its inadequacy is wreaking havoc among the poor, according to over half the pantries we surveyed. ($144 a month in a city where $236 a month provides minimal subsistence is $86 short, according to the Progress Report) State restrictions on medicaid, the "spend-down" procedure and elimination of people from aid to the medically indigent also bring great hardship to the people served by at least 10% of the surveyed pantries. The Progress Report concurs. (k-7) (For details on these cuts, see respective articles in this study.)

Eighty-nine percent (89%) of government expenditures for social services come from the federal government. Overall, federal funding of social services for Chicago between 1981 and 1982 was cut 28%. (k-12) Because of a 6.8% inflation rate in Chicago for the year, total spending for social programs and services actually decreased 3.5%, although the dollar figure remained at $2.2 billion. (k-28-31) The Department of Human Services lost $9.8 billion or 13% of its funding because of federal cuts. (k-35)

State funds and federal funds funneled through the State decreased from 1981 by $43 million or 2.3% in 1982. These cuts fell most heavily on Income Maintenance programs for the poor. (k-36)

Even the private sector was affected in their efforts to deliver services to Chicago by the federal budget cuts. As an example, United Way, which represents 93 agencies or 7% of Chicago's private social service network, reported that in 1981 government funds accounted for 43.2% of their total budget of $195.37 million. Over half these agencies had ended FY 81 with a deficit. (k-36-37)

The Changing Profile of Clients: National Context

Supporting the contention that unemployment is a major cause of the increased demand for emergency food assistance is the portrait of clients being painted by food providers all over the country.

Human service officials surveyed by the Mayors' Conference were already identifying the "new poor." Human Services... brings these elements together: lost jobs in the private and public sector, exhausted savings and unemployment benefits, threatened loss of homes and other credit purchases, increased breakup of families, and the rise of problems related to transient job hunters, especially in the Sunbelt. (b-2)

By 1982, the testimony from across the nation was unanimous that the American economy had no compassion for millions of family people with children, young able-bodied workers who had been making it only a few months before. Now they waited in longer lines, hoping not to be the ones who were turned away from emergency food assistance. (c-5-6-) (d-*passim*) (e-7)

The Changing Profile of Clients: Chicago

More working class unemployed people with families have come to Chicago's emergency food network also, according to our pantry survey.

In January, 1983, United Way of Chicago surveyed over 100 food providers around the city regarding the type of emergencies that brought people to the agencies. In contrast to the clients of a year ago, whose emergencies were typically fire, theft, or loss of food stamps, agencies characterized the new clientele as:

- Long-term unemployed;
- Newly unemployed, first time clients;
- Women, heads of single-parent families with low paying jobs;
- General Assistance recipients;
- Unemployed persons not receiving compensation;
- Persons faced with high utility bills; and
- Clients between benefit programs or check delayed.

("Special Survey, Emergency Food Problems," January, 1983, United Way/Crusade of Mercy, as found in k-86)

Can Private and Local Efforts "Fill the Gap?"

National context: The Reagan administration maintains that programs run by the USDA: "(1) offset the direct effects of the economic situation for millions of citizens in need and (2) have been targeted to those most in need of compassion and support (defined by the USDA to be those with incomes at or below 130% of the poverty level)." (3-10) The truly needy have not been hurt, administration officials insist; rather fraud and abuse have been reduced by tightening eligibility requirements and benefit formulas. (e-10)

Increased demand for food far exceeds the resources that are presently available, the private sector and municipal emergency networks concur. Already the capacity of local networks are stretched to the breaking point.

Three of eight cities studied by the U.S. Conference of Mayors see a need for more food than is currently available; four need greater storage and distribution capacity as well as more equipment. Over half the eight cities (5) said they simply cannot serve all those in need of food. (d-7)

Private non-profit agencies also report crises. Soup Lines... found that increased demand for food has led to people being turned away at about a quarter of the 160 agencies surveyed. Further problems include longer lines and waits at 40% of the agencies and limitations on service to the same person by 67%. Increased costs of service caused over half the agencies to begin transferring resources from other accounts. Less staff time is also available for other needs. (c-7)

The GAO also found lack of resources, especially funds, to be a major concern in the 33 emergency food centers it visited. "There was a common belief that the need for food assistance was greater than their ability to respond." (e-iii) Specifically, funds were needed for: 1) transportation, equipment and fuel; 2) storage, including cold; 3) a core of paid staff to solicit food and money, to recruit needed volunteers and organize the operation. (e-iii) Budget cutbacks and the depressed economy dried up important sources of funds and food. (e-25-26) Even the cost of receiving and distributing surplus commodities has become burdensome enough to cause some organizations to drop out of the program.

Chicago: After detailed assessment of the emergency food situation in Chicago during the period 1981 through early 1983, the Social Services Task Force reported: "The increasing demand for Emergency Food by individuals and families far exceeds the presently available resources...Resources to support the voluntary Emergency Food Programs/Pantries, are inadequate and becoming rapidly depleted." (k-7)

Their observations confirm what the pantry workers we surveyed reported. Forty-one percent (41%) of them needed more food. Only 4% of the pantries saw their resources as sufficient. Six percent (6%) said they cannot cope with the demand. A quarter of the pantries are seeking to stretch resources through altering procedures. A quarter of the pantries have had to reduce their service, the amount of food per person, or the hours of operation. Or, they narrowed eligibility criteria. Half the pantries that end up buying food -- not a widespread practice -- do so at the cost of other programs. Only one in twenty have met the growing crisis by seeking to increase their service levels.

The broad consensus nationwide and most particularly in Chicago, is that emergency feeding programs are stretched to the limit, even overextended. Without an influx of new money, food, and volunteers, it appears doubtful whether emergency networks here and elsewhere can survive a further increase in demand or a prolonged period of the current high level of demand.

The Salvation Army plans to close its Thomas Seay Center in Uptown at the end of September this year. The center provides breakfasts and lunches for 2-3,000 people five days a week and one Sunday meal. Two years ago, the center lost $48,000 in annual city funding for its nutrition program. Last year the center showed a $250,000 deficit. (Anne Beaton, "Salvation Army plans to shut Uptown center," Chicago Sun-Times, September 10, 1983)

Operation Brotherhood, a West side center for the elderly poor, is now threatened with closing. The 13 year old center has a $100,000 debt. The crisis started two years ago when it lost two-thirds of its budget for social services because of the Reagan cuts. The current budget is $72,000, down from $300,000. Hot meals, both at the center and delivered, dropped from 1,000 a day to 230. (Michelle Stevens, "Hard work aids senior center in tough times," Chicago Sun-Times, Neighbors Section, September 30, 1983.)

The private sector's efforts in providing food assistance have been significant in Chicago as elsewhere. The religious and social service communities have led the way. Groups like the Jewish Federation of Metropolitan Chicago, Catholic Charities, the St. Vincent de Paul Society, as well as individual churches, synagogues, and parishes have contributed significantly toward the alleviation of hunger throughout the city.

No one doubts that the private sector can do more. The Greater Chicago Food Depository, for example, believes it taps only about 17% of food available at the wholesale level. The GAO calls for a new study of the amount of food that is currently being wasted in this country. Their most recent evaluation of wasted food covers 1974. The GAO also suggests a study of possible federal legislation to encourage greater involvement by the private sector in meeting the food needs of the poor, whether that be tax incentives or "Good Samaritan" laws. (e-32 and 21 ff.)

Illinois, however, has a Good Samaritan law, as do some 33 other states. The problem of increasing food supplies for the Chicago Depository from food processors and distributors lies rather in the lack of sufficient funds to hire staff to solicit such donations. The Chicago Social Services Task Force recommended development of these business resources through collaboration between the city and the religious community. (k-8)

The one recommendation by the Task Force that was obvious in its omission, was a call for the city to increase funding for private non-profit food distribution. In 1982, the city did assist the Depository, the Food Justice Porgrams, and St. Augustine Centers for American Indians with a total contribution of $96,425. (k-99) Funding for the Emergency Family Food Program, for which the city provides the major backing, increased 323% from 1981 through June, 1983. Ninety-two percent (92%) of the $3.95 million came from the city treasury. (k-97) In spite of its $2.2 million budget for 1983, the Emergency Family Food Program recently stated "the need is surpassing the dollars appropriated." (k-84) The Department of Human Services had exhausted this amount by the end of June just on food packages. A May 3 News Release from the DHS cites Commissioner Lenora T. Cartright on the desperate need of the program for additional funds:

> At current rates, we need to come up with an additional 3.2 million dollars if our services are to continue uninterrupted through the rest of the year.

In fact, some additional funds were found. However, a legitimate question for anyone following the recent Chicago budget newsstories is: how long shall a city struggling to balance its budget by laying off large numbers of workers maintain the political will to double its expenditures for emergency food each year? How long will it continue even at the present rate of $5 million a year? These questions will be answered later this year in the November city budget debate; the prognosis is not a happy one for Chicago's hungry. The answer in Chicago has not been known to lie in balancing the city's ability to assist against its responsibility in social justice to the needs of its citizens.

The discussion has already been phrased in ways that emphasize the "emergency" character of the program. The city's Emergency Family Food Program and the private sector emergency food network have become food maintenance programs for perhaps tens of thousands of its clients, who return at least once a month as food stamps, AFDC and GA run out.

The problem is not totally new. The Emergency Family Food Program reported that 67% of its 18,980 clients between October, 1981 and June, 1982, consisted in female headed households. At the same time, 72% of the clients were low-income (k-86). Thus, most of the single mothers applying would probably qualify for and participate in AFDC. Although these figures cover the period up to the beginning of the explosion in service levels of DHS that followed a humane broadening of service criteria, they do indicate the problem behind "emergency food assistance" becoming "food maintenance": namely, the inadequacy of benefit levels. (See the graph on page 100 in the article "Income Maintenance Programs ...") Over two-thirds of the beneficiaries of

Income Maintenance Programs in Illinois live in Chicago. One in five persons are below the poverty line. And in 14 of 77 communities in the city, over 40% of the people are on some form of public assistance. (k-21) Cuts in General Assistance and AFDC have deeply hurt these people and shifted more of the burden of social service to city government which can less afford to carry it. State and federal benefits have been cut and/or allowed to fall below subsistence levels. The Progress Report, recognizing this reality, recommended aggressive advocacy at the State and Federal level to increase Income Maintenance benefits. (k-70)

Just how great is the need in Chicago? How many people are asking for emergency food? The Social Service Task Force gathered statistics from major providers for December, 1982. Their total count was 441,828 persons who received food from these agencies:

	Persons Served	
Department of Human Services	51,599	
Greater Chicago Food Depository	294,720	
Church Federation	94,509	(k-6)

The Chicago Hunger Watch estimates the number of persons assisted with a three day supply of emergency food during April, 1983, within the city of Chicago at 225,173. The March estimate is about the same. These monthly totals represent an increase of over 170% in demand and in service since the fall months of 1981. Our estimate is based on the following:

	Persons Served
Department of Human Services	36,211
339 Chicago Pantries*	171,534
18 Soup Kitchens (adjusted)**	3,714
Mt. Pisgah biweekly food distribution	10,000

* Based on reliable figures from an adequate sampling of 50 Chicago food pantries over the past year and a half, then extrapolated for the 339 known Chicago pantries.

** Number of meals served, divided by 12 to bring the figure into line with the average Chicago emergency basket which provides food for each person for three days.

The Chicago Hunger Watch in no way challenges the Task Force's figures, which are for another period and for an extremely busy month. Depository figures do include congregate feeding sites which tend to serve a regular clientele, often in-house. Depository and Federation statistics also cover the greater Chicago area and admittedly show some overlap. The point is not the accuracy of the numbers but the crisis in need.

We do, however, challenge the implication behind the U.S. Department of Agriculture's questioning whether "all of the people lining up across the Nation for food assistance are 'in need.' Such a determination," USDA contends and the GAO agrees, "could be made only after careful examination of the economic situations of the people who are seeking assistance." (e-8) National nutrition surveillance is needed to attain the accuracy of the USDA and GAO desire.

But the numbers represent people standing in line. The USDA seems to suspect the accuracy of statistics in order to cast doubts on the validity of need. Such an objection, not unlike the USDA's declaration that ketchup is a vegetable for school children, is particularly repulsive in the context of the recent appointment of a Presidential Task Force to find out whether hunger is a problem in our country. In June, 1982, the Department of Health and Human Services acknowledged that a serious problem of hunger and malnutrition does exist in this country among those who live below, at, or near the poverty level. (c-16) The USDA is entrusted with the momentous task of helping to feed America's growing number of poor people. If it is aware of the plight of its charges, is it unable to communicate the facts to our government?

The Emergency Family Food Program, Service Increases

	1981		1982		*% Increase	1983		*% Increase	
Persons Served	Sept.	Oct.	Sept.	Oct.	over 1981	March	April	over 1982	over 1981
	4,403	4,370	19,612	22,614	381	40,308	36,211	82	778

* For the corresponding two-month periods.

TABLE VII

The Greater Chicago Food Depository, Persons Served

Month of Survey	No. of Pantries Responding	No. of People Served	No. of Congregate Sites Reporting	No. of Persons Served
*March, 1982	141	26,069	122	25,033
*Sept., 1982	48	32,867	41	16,859
Dec., 1982	64	48,337	41	246,383
Jan., 1983	70	119,909		

* Chicago only. Metro totals come to almost 59,000 in March and 51,000 in September, 1982.

TABLE VIII

Federal Domestic Food Assistance Programs
Showing Year By Year Decrease/Increase
And Effects of Legislative Action Since 1981 (= Reagan Cuts from '81 Legislation)
(In Millions)

Programs	1981 Actual Cost (a)	1982 Actual Cost (a)	Increase/ Decrease Over 1981	Reagan Cuts from '81 Leg. (b)	1983 Est. Cost (a)	Increase/ Decrease Over 1982	Reagan Cuts from '81 Leg. (b)
Food Stamps	10,632.8	10,409 (f)	-223.8	-1,535	11,858 (f)	+1,449	-1,343
Child Nutrition (c)	3,238.5	2,775.1	-463.4	-1,026	3,028 (g)	-252.9	-1,305
WIC	888.0	957.6	+69.6	-48	1,160 (h)	+202.4	+113
Food Donations (d)	1,208.4	1,237.1	+28.7	NA	1,750.5	+513.4	NA

Programs	1984 Est. Cost (a)	Increase/Decrease Over 1983	Reagan Cuts from 1981 Legislation (b)	1985 Reagan Cuts from '81 (b)
Food Stamps	11,054 (f)	-804	-2,031	-2,061
Child Nutrition (c)	3,184 (g)	+156	-1,392	-1,444
WIC	1,060	+0	+77	+49
Food Donations	1,304	-446.5	NA	NA

(a) GAO, Public and Private Effort to Feed America's Poor. June 23, 1983. Page 36
(b) CBO, Major Legislative Changes in Human Resources Programs Since January 1981. August, 1983. Page 15
(c) Includes National School Lunch Program, School Breakfast Program, Childcare Feeding Program, Special Milk Program, and Summer Feeding Program (CSFP)
(d) Includes commodities distributed under school lunch, summer food, child care, needy families, supplemental foodm charitable institutions, and Indian and elderly nutrition programs. Includes cash-in-lieu of commodities program, "bonus" commodities.
(e) Includes WIC and Commodity Supplemental Feeding Program (CSFP)
(f) Includes Puerto Rico
(g) Estimated budget authority
(h) Includes $100 million provided for WIC by 1983 Emergency Jobs appropriation legislation.

Federal Cuts in Food Programs

Federal Cuts in Food Programs*	FY 81[d]	FY 82[d]	Increase/Decrease		FY 83[d]	Increase/Decrease		(c)Outlay Changes in Fy 82-85	
			Dollar	Percent		Dollar	Percent	Col.	Percent
Food Stamps	10,632.8	10,409.0[a]	-223.8	-2.1	11,858(est)[a]	+1449.0	+13.9	-7.000	-13
Child Nutrition	3,238.5	2,775.1	-463.4	-14.3	3,028.0[b]	-252.9	+9.1	-5.200	-28
Food Donations	1,208.4	1,237.1	+28.7	+2.4	1,750.5	+513.4	+41.5	N.A.	N.A.
WIC	880.0	957.6	+69.6	+7.8	1,160.0	+202.4	+21.1	+200.0	+4

*$ amounts in millions

a Includes Puerto Rico

b Estimated budget authority

c _Major Legislative Changes in Human Resources Programs Since January 1981_. CBO. August. 1983. Page viii

d Source: USDA FNS, as found in _Public and Private Efforts to Feed America's Poor_, June 23, 1983. Page 36

Chicago Hunger Watch Pantry Survey

By Tom Fox

Food pantries in Chicago are finding it difficult to cope with the astonishing increase in the demand for emergency food. Their problems result from the combined effects of recession and social program cutbacks.

The first effort of the Chicago Hunger Watch to document hunger in Chicago was directed toward establishing the severity of the increased need for food on an emergency basis. To do so, we turned to the network of private pantries across the city, with whom we had been working for some time. Our intent was to collect information on the amount of increase, how the pantries were coping with it, and what their plans for the future might be. Our experience with emergency food providers convinced us that their testimony on behalf of the hungry would be reliable information illustrating the dramatic nature of this problem.

Fifty Chicago emergency food pantries reported a 131% increase in demand for food during the first year and a half of cuts in social programs under the Reagan and Thompson Administrations. Because of the representative nature of this sampling of 200 pantries, this astonishing rate of increase in numbers of people requesting emergency food can be legitimately projected throughout the entire city of Chicago.

The Survey

Begun in November, 1982, the Pantry Survey was drawn up after the format suggested by the Bread for the World Hunger Watch Booklet (see sample which follows this article). Initially we included our survey in the monthly mailing to all the pantries of the Greater Chicago Food Depository. In January, 1983, a second mailing went out to the remainder of the 209 Chicago pantries which had not responded to the first mailing. Follow-up phone calls brought in a total of 68 returns. Of these returns, 44 gave us figures that we could compare.

A subsequent mailing in May garnered another 6 sets of pantry figures. Our total of 50 pantries with comparable figures represents 23.8% of the number of Chicago pantries we contacted. Eleven of the original list had discontinued their pantries, according to our findings. At least two more had evolved into soup kitchens. Further phone calls in May and June provided us with the March and April figures for 1983.

The Sample

The sample of 50 pantries offering comparable figures and 68 pantries responding by filling out a questionnaire showed a good coverage of the city as the accompanying chart indicates (See Table XI). This sampling further represents well the spread of sponsoring churches and agencies that we found from the total number of pantries contacted, with only a slight bias in favor of Catholic church sponsored pantries.

Summary of Increase

The next chart (See Table XII) reflects the absolute totals of the 50 reporting pantries and the percent of increase in demand for food.

The figures furnished to us through the surveys are based on record keeping by the pantries on a daily basis. The methods used vary from sign-in sheets (2 pantries) to elaborate intake procedures. The pantries report their major goals in record keeping are designed to clarify and establish need and to assure more equitable distribution of resources. Although three pantries reported that they keep no records, they also did not provide us with estimates of figures. The questionnaire responses indicate a tendency toward more careful record keeping as the service demand increases. The adequacy and representative sampling of pantries makes the percentage of increase in demand applicable to the total Chicago pantry network.

Summary of the Questionnaire:

How the Pantries View the Problem

Increase in Demand: Ninety-three percent (93%) of the 68 pantry workers who filled out our questionnaire testified to the increase in demand for food during 1982. Growth rates in their emergency food service ranged from 40% to 500%. Thus, the questionnaire confirms more broadly what our statistical analysis indicated.

Federal Cutbacks: Of budget cutting in social programs and welfare, which 28% spoke of generally, food stamps benefit reductions and elimination were seen as causing hardship by 41% of the pantries. The difficulty in getting expedited food stamps (mentioned by 6% of the respondents) reflected new USDA restrictions and also Illinois Department of Public Aid service problems (4%). Cancellation of SSI (9%) or problems with reduction in social security (6%) caused people to seek emergency assistance; and concern about the adequacy of the WIC program was expressed by 3% of the pantries.

Four pantries reported cutbacks in their own service programs because of loss of federal funds. Only one mentioned an example where a private donation supported a major feeding program edged out by new government restrictions.

State Cutbacks: General Assistance at its reduced benefit level of $144 wrought havoc among the poor, being mentioned by respondents at least 30 times. Ten percent of the pantries cited the inadequacy of General Assistance to pay the rent or medical essentials, causing people to sell their food stamps. The medicaid spend-down (9%) and the restrictions on medicines obtainable under medicaid (3%) also came in for special mention. Elimination from Aid to the Medically Indigent also caused hardship (3%).

Unmet Needs: The survey suggests that 41% of the pantries in Chicago see a need for still more food in the emergency situation created by massive unemployment and program cutbacks. Almost as many see housing and emergency shelter as an urgent need (34%).

Among special concerns besides the usual rent (9%), clothing (16%), utilities (9%), and medical care, especially for seniors (19%). pantries noted the need for outreach. Many people, once independent, now do not know where to turn or are too proud, or confused as crisis hits (9%). Pantries also note the lack of assistance to the undocumented poor (6%).

Jobs are needed everywhere, as almost all the pantries note. However, lack of adequate assistance even makes the job search more difficult as transportation costs and distances to the nearest jobs increases.

Population Served: Fifteen percent (15%) of the pantries report the necessity of serving a larger area than previously served. New types of persons noted include expecially the working class unemployed (28%), families (15%), and seniors (7%).

How the Pantries Are Coping With the Problem

Resources: To meet the massive increase in demand for emergency food, 59% of the pantries report scrambling for more food and money contributions from their established support system and reaching out to new sources of donations. Only 4% see their present resources as sufficient. Government cheese was mentioned as a welcome additional resource by 6% of the pantries.

Special fundraisers and appeals reach out even to "mission money" donated by children from other cities in the country, as one pantry worker mentioned. However, 6% said they simply cannot cope with the increased demand.

As a result of increased pressure, 25% of the pantries are seeking to make their resources stretch by improving their organizational operation. Purchasing wholesale, more careful buying, using more student interns, providing odd jobs for some of those who seek assistance, and pooling resources were mentioned.

However, 16% have been forced to reductions in service. Steps such as reducing the amount of food given per request (6%), cutting down on the time the pantry is open, and tightening criteria for assistance (4%) were reported. While 7% reported specifically they are buying additional food, over half of them are doing so by dipping into supplies or money intended for other uses.

At the same time, 6% of the pantries have responded to the increased demand by seeking to increase their services. Reorganization to meet walk-in requests, moving to larger quarters, opening a second site and even closing the pantry in order to open a soup kitchen are ways the respondents are rising to the crisis.

Referrals: Another way of coping with increased demand is through referrals to other pantries, agencies and especially to the Emergency Family Food Program, administered by the City's Department of Human Services. Since the DHS began welcoming referrals in May, 1982, 63% of the 68 pantries surveyed make referrals. Half of those specifically noted the success of such effort. While 9% said they made no referrals at all, 13% reported that they do not refer to DHS. Four pantries mentioned their lack of satisfaction in dealing with DHS. It seems obvious that the year old DHS policy of welcoming referrals from pantries has been helpful. However, local problems remain to be resolved. DHS referrals were even more popular than referral to other pantries, agencies or churches (57%). Very frequently these referrals direct recipients to agencies closer to their homes.

Cooperation: Very promising is also the report that 50 of the surveyed pantries work, at least informally, with other pantries agencies and churches in their area. Still, 16 pantries do not network. Among the pantries which network, 14 named the specific organizations they are in contact with. Mutual referrals (8), accepting referrals (4), advocacy, education and research in coalition (2), mail and telephone coordination to prevent misuse (7), and receiving food or sharing surpluses (6) represent various levels of cooperation. Two pantries reported working together to open a third in a neighboring area that had been underserved.

PANTRY SURVEY QUESTIONS

1. Has there been any change in the demand for your agency's services such as food, since October 1981? If so, describe the change.

2. Number of people served and number of meals per person (est.) in each of the following: Sept. 81, Oct. 81, Total 81, Sept. 82, Oct. 82, and Total 82.

3. If there has been an increase in requests for your services since October 81, how is your agency meeting the increased demand?

4. Are you serving the same population today that you were serving one year ago? If not, describe the changes.

5. What referrals do you use for those you cannot assist? Have you used the Department of Human Service form for emergency food? With what success?

6. Are you aware of other agencies or organizations in your area which can provide similar services? Do you work together in any way?

7. Do you believe that there are needs going unmet in your community? If so, please describe.

8. What effect have budget changes in federal social programs since October 81, had on the persons that you serve?

9. What can you tell us about particular families or persons who have been affected by changes in government programs? Please describe a situation which may illustrate the matters we have been discussing. (No names please)

10. Have you noticed any additional demand this fall for your services? Explain.

11. How does your agency keep records? Describe.

12. Are you willing to help us further? Check your choice(s)
    a. testifying at City Council
    b. getting others to testify
    c. supplying your figures to us over the next six months
    d. putting us into contact with clients if necessary
    e. assisting local groups trying to start pantries
    f. meeting with other pantry staffers in your area
    g. other

Name of Organization	Name of Contact Person
Address	Telephone

Why Do People Ask For Emergency Food: Reason For Need Sampling

By Lauren Hughes

"Lack of money" and "too many bills" clearly top the list of reasons why people request emergency food. The elderly, the single and those dependent on public resources are the most likely to face food emergencies.

During the month of May, the Hunger Watch Task Force asked a diverse sample of eight food pantries throughout the city to monitor the requests for food for one week. Specifically, we asked the pantries to keep a record for each request of the age, family size, source of income and the reason emergency food was requested at this time.

According to the responses, there were a total of 561 requests which is an average of 70 requests per pantry. It should be noted that this cannot be determined as representative of the city since the pantries varied in size and capacity and because there was no method of verifying the results. One pantry reported only 5 requests, while the highest number reported was 114. The responding pantries did, however, adequately represent the different areas of the city, with the far northwest and southwest sides excluded.

From the information gathered, the person most likely to request aid is over the age of 60 (31%), single (38%) and receiving General Assistance (28%) or Social Security (25%) benefits. Other age groups were fairly evenly represented with the exception of the 30 - 34 year range with 13%. A full 50% had families of between 2 and 5 members with 3% having 8 or more family members. Seventeen percent (17%) were receiving AFDC benefits while a shocking 11% had no discernable income or had applications for assistance pending.

Lack of money was given as the main reason for need (26%), closely followed by "too many bills" (24%). In the area of bills, rent, medical and utilities were those referred to most often. Seventeen percent (17%) indicated there was no food in the household while 14% indicated only that there was insufficient food. Only 1% indicated an emergency situation such as fire or theft. A full 10% claimed they either ran out of food stamps or that the money simply did not last from one check to the next. It should be noted that one pantry reported as commentary that alcoholism accounted for some of their applications. Only one applicant stated that the food stamps had been sold in order to pay the rent.

Following, is a complete breakdown of the results by age, family size, source of income and reason for need. Both percentages and actual numbers are given.

(The city of Chicago Department of Human Services, conducted a 20 day study of their "Emergency Family Food Program" during the spring of 1983. Their survey also focused on the reasons people required food. This study was not available to the Chicago Hunger Watch.)

TABLE X

Unemployment in Chicago

	1981			1982			1983		
	Aug.	Sept.	Oct.	Aug.	Sept.	Oct.	Feb.	Mar.	Apr.[P]
Labor Force	1,531,353	1,506,841	1,525,749	1,535,287	1,511,098	1,485,260	1,478,850	1,490,244	1,464,881
Unemployed	142,747	143,169	151,193	184,696	192,198	184,922	189,639	175,849	165,532
Percent of Unemployment	9.3%	9.5%	9.9%	12.0%	12.7%	12.5%	12.4%	11.3%	11.3%

[P] Preliminary Data

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics; NEWS, BLS, May 17, 1983; and Illinois Bureau of Employment and Security

TABLE XI

Distribution of Pantries Surveyed

DHS District	Pantries Contacted	Pantries Responding	% of Total	Pantries with Comparable No.	% of Total	Pantries Answering Questionnaire	% of Total
1	29	18	62	8	27.59	16	55
2	12	4	33	3	25	3	25
3	28	12	42.86	10	35.7	9	32
4	8	2	25	2	25	2	25
5	9	2	22	2	22	2	22
6	25	7	28	3	12	7	22
7	26	11	42	5	19	11	42
8	32	12	37.5	11	34	11	34
9	29	9	31	6	20.69	7	31
Totals	198	77		50		68	
% of Total			38.39		25		34

TABLE XII

Persons Served By 50 Pantries, According to DHS Districts

DHS District	1981 Sept.	1981 Oct.	1982 Sept.	1982 Oct.	*% Increase Over 1981	1983 Mar.	1983 Apr.	*% Increase Over 1982	*% Increase Over 1981
1	1987	1777	3763	3825	101.59	4668	4898	26	154
2	665	487	1214	1404	127	1816	1906	42	223
3	1702	1930	2231	2759	37	6139	6668	156.65	252.6
4	148	204	727	405	221.59	490	230	-36	104.55
5	550	560	1085	1100	96.85	480	530	-53.78	-9
6	186	187	319	480	114	422	378	.13	114
7	1132	1139	1279	1250	11	2051	1776	51	68.52
8	4109	4210	5874	5042	31	7556	7571	38.58	81.84
9	382	387	911	937	140	1382	1318	46	251
Totals	10,861	10,881	17,403	17,202		25,004	25,275		
% of Increase					59			45	131

* Based on two month averages

Results of the Reason For Need Sampling

Total Number of Requests: 561
Total Number of Pantries Responding: 8
Average Number of Requests Per Pantry: 70

Ages*

Over 60	31%	(173)
30 - 34	13%	(71)
25 - 29	9%	(49)
40 - 44	9%	(48)
18 - 24	8%	(46)
50 - 54	8%	(44)
35 - 39	7%	(39)
45 - 49	6%	(34)
55 - 60	6%	(34)

Family Size*

Single	38%	(216)
2	21%	(120)
3	14%	(77)
4	8%	(46)
5	7%	(40)
6	4%	(25)
8	2%	(10)
7	2%	(8)
10 or more	1%	(4)

Source of Income*

General Assistance	28%	(159)
Social Security	25%	(141)
A.F.D.C.	17%	(96)
None	11%	(64)
S.S.I.	8%	(44)
Unemployment Compensation	2%	(10)
Someone in Family Employed	2%	(7)
V.A. Pension	1%	(4)
Disability	1%	(6)
None Listed	7%	(40)

Reason for Need*

No Money	26%	(145)
Too Many Bills	24%	(133)
No Food in Household	18%	(95)
Insufficient Food	14%	(79)
Out of Food Stamps	7%	(38)
Lack of Employment	4%	(24)
Check Didn't Last	3%	(22)
Emergency (Theft or Fire)	1%	(4)
None Given	4%	(23)

* Where percentages total more than 100% is due to rounding of numbers to the next highest point.

Soup Kitchen Survey

By Tom Fox

The serving capacity of soup kitchens has almost doubled in the last two years in an effort to meet an ever-increasing need.

Probably nothing evokes the spector of hunger for Americans as does a waiting line in front of a soup kitchen. Since the fall of 1981, eight new soup kitchens have sprung up in Chicago in answer to a growing need. The main characteristics of the five sites which were organized by the end of 1982 and the three which arose in 1983, are their location in Chicago neighborhoods away from the central city and their sponsorship by local churches. The eleven older soup kitchens, on the contrary, serve chiefly as missions within a mile or so of the Loop. The new kitchens accounted for 35% of the roughly 11,500 meals served at soup kitchens in Chicago each week, in the late winter of this year.

The new soup kitchens represent almost a 100% increase in serving capacity; however, workers at older centers also noted an increase in the number of people coming for food. One director estimated the increase to be about 50% over the last couple of years. All but one of the newer sites mentioned they would expand their services, that is, days open and number of times per day meals would be served, if they had the funds and/or food. Most of the people we interviewed said that at present they meet the needs of their guests as best they can. "We just keep on serving meals until the food runs out."

The accompanying chart (See Table XIII), indicates the major results of our survey, indicating the clustering of soup kitchens in various sectors of the city, their service periods and seating capacity, and actual meal service figures.

Research by Ann Seigal
Under the Guidance of
Sister Patricia Crowley

Food Drives in Chicago

By Kevin Clancy

The food drive is one of the most important ways in which charitable organizations try to meet the needs of the hungry in Chicago.

The Chicago Hunger Watch Task Force monitored major food drives in Chicago and area during 1982 and 1983. Five major food drives and collections of money during 1982 and 1983 netted the equivalent of approximately 1.4 million pounds of food plus $5,054 in food and money. These donations attracted another 217,000 pounds of food in government surpluses and from the Depository's supply. By June 10, 1983, another $22,500 had been given to a special fund to assist pantries to pay handling charges for food from the Depository, at 7¢ per pound or 3¢ per pound of government surplus commodities. (Thes drives are summarized in the accompanying chart. See Table XIV)

In addition to the listed food drives, there were other efforts to raise money in the cause of eliminating domestic and world hunger. In October, 1982, the hunger walk in conjunction with World Food Day netted about $12,000 for The Greater Chicago Food Depository, Food Justice Programs and Church World Service/CROP. CROP sponsored another walk in May 1983, which brought in $15,000.

United Way collected pledges totaling $69.7 million for various charities and social services. Cardinal Joseph L. Bernardin established an Emergency Needs Fund which gathered $227,000 by June, 1983. The Neediest Families Christmas Fund for 1982 collected $1,783,710 for the poor. In January, 1983, the Priests' Senate of the Roman Catholic Archdiocese of Chicago called upon Catholic parishes to collect food every Sunday during the 40-day Lenten period to support other food drives.

Research by Tom Fox and Steve Moss

Food Theft

By Kevin Clancy

The number of reported shoplifting offenses has increased substantially in the last ten years. This indicates the strong possibility that shoplifting of food has also increased.

In order to bring attention to the hunger problem in Chicago, attempts have been made by Chicago Hunger Watch to determine the extent of food theft in the area. Chicago police officials have stated that food theft statistics will not be available until early next year. When the Retailer Merchants Association was contacted, they referred Hunger Watch to individual stores in the Chicago area. However, attempts to obtain statistics on food theft from Chicago's largest food-store chain were in vain. The chain stores contacted consider this information confidential.

Our inquiries turned up one in depth study of shoplifting from the Chicago Crime Commission, which in December of 1982 published a study entitled: "Taking Stock of the Shoplifting Problem: An Analysis of Retail Theft in Chicago Police Districts 1 and 18." The commission studied persons over 17 years of age who were charged with shoplifting misdemeaners between January of 1980 and June of 1981 in police districts roughly covering north Michigan Avenue and on the Near North side. Using police and court records, the commission found 31 cases of food theft in District 1, and this was 5% of the total number of arrests in that district. In District 18, 76 cases of food theft were found, and this was 26% of the total number of arrests in that district. In District 1, the mean age for shoplifters arrested for stealing food was 35. In District 18, the mean age of shoplifters arrested for stealing food was 33. Also in District 18, the average value of food goods stolen was $26.50.

The number of shoplifting offenses reported in Chicago has increased by 66% in the last decade. This trend points to the strong possibility that shoplifting of food in particular has also increased. The reported incidence of general shoplifting must be taken with the fact that shoplifting is one of the most under-reported crimes in the nation. Weinstein (1975) found that 35 million shoplifters and 140 million incidents of shoplifting in the United States are probably undetected each year. Furthermore, in studies conducted by major New York department stores, it was found that only 1 out of every 35 shoplifters is apprehended (Curtis, 1971). Thus, any reported figures on food shoplifting probably understate the real incidence of it. If incidence of food theft in Chicago could be documented, it might very well reflect the growing hunger problem here.

Research by Anita Baumgartner

Government Assistance for the Poor and Hungry is Inadequate

Cuts in the Food Stamp Program

By Donna Hardina

The Federally funded food stamp program has suffered cutback after cutback under the Reagan administration. Ingenious ways of "eliminating waste and fraud" simply squeeze all of the poor.

The Reagan Administration has instituted a number of cuts in the Food Stamp Program. Although the tightening of eligibility requirements and benefit level reductions are being promoted as a means of eliminating waste and fraud while ensuring benefits for the "truly needy," 80% of the reductions have decreased allotments for people with incomes that fall below the poverty line. Two billion dollars annually has been cut from the program since 1981. Benefit levels are currently 20% below the amounts that would have been attained this year without the reductions.

21.9 million people were enrolled in the Food Stamp Program nationally in January, 1983. Cook County enrollment reached and surpassed pre-cut levels: 634,419 persons in January. However, the immediate effects of cuts reduced participation by 15,267 persons and 4,703 households between September and November, 1981. (See Table XV). Chicago participation continues to grow unabated.

Currently, 82% of all Food Stamp recipients are elderly, disabled, children or single parents. Ninety percent (90%) have gross incomes below the poverty line. The average Food Stamp household has an income of $349 per month and liquid cash assets of $62. The average Food Stamp allotment for individuals is $43.22 per month or 45¢ per meal. Many recipients have felt the pinch of the Federal cutbacks via reductions of monthly allotments, termination of cases, and lengthy delays in service deliveries.

Recent Cuts in the Food Stamp Program Include:

Delays in Cost of Living Adjustments: A cost of living adjustment was finally made in Food Stamp grants after a delay of 19 months. The increase in allotments was effective October, 1982 based on food prices from the previous June with an additional 1% deduction. Food costs were calculated using USDA's Thrifty Food Plan, the least expensive food plan designed by a government agency. The delay in COLA and the 1% deduction resulted in a benefit cut estimated to be between $150 and $200 million.

Reductions for Working Families: The earned income deduction given to working households in calculating benefits was reduced from 20% to 18%. Also a gross income standard set at 130% of the poverty line was established that automatically eliminated many of the working poor from participation in the Food Stamp Program. These reductions do not take into account gross income utilized for payroll deductions and work related expenses. Eligibility is based only on gross income. Net income after expenses may be lower than the poverty line. This eliminates any work incentives for low income households. 875,000 people were dropped from the program as a result of these changes.

Utility *Standard-Deduction*: *Beginning on January 1, 1983*, Federal regulations were amended to allow states to implement their own utility standard-deductions that would not have to be varied seasonally. Allowances for utilities are to be eliminated entirely for households living in public housing facilities (in which residents pay only excess utility costs) and for tenants who are not billed separately for heating and cooling expenses.

In Illinois, the seasonally variable deduction ($200 in winter and $94 in summer) was changed to $150 year round. Residents of CHA housing had their benefits reduced or terminated. Many elderly and disabled clients also received deductions in allotments and will not be able to count on a compensatory increase this winter.

The amount of money cut from the Food Stamp Program nationally through this change in regulations was $90 million per year.

Household Concept: Extended families sharing a home or apartment cannot now qualify for separate Food Stamp benefits. Federal regulations state that adult siblings or adult children living with their parents must apply as a household for Food Stamps unless one member of the family is over 60 or disabled. Total family income determines eligibility. However, benefits in many instances have been reduced. Food Justice Programs recently handled a case in which a client moved in with her mother after Public Aid insisted that she was paying too great a portion of her AFDC check for rent. The client's Food Stamp case was cancelled after she moved because her mother's income from work exceeded income eligibility standards for three people (grandmother, mother and child). The grandmother did not feel that she was in a financial position to feed two additional people. As a result, the client was unable to obtain an adequate source of food.

The household concept proposal was designed by Congress to force family members to take responsibility for one another. In effect, it has drastically limited the number of households having access to the program.

Rounding Down Calculations of Food Stamp Benefits: By rounding down calculated benefits to the nearest dollar the Federal government hopes to cut 254 million dollars from the program over the next few years. Benefits per household will be cut $1 to $2 each month.

Expedited Service: Beginning in January, 1983, states were required to issue expedited Food Stamps within 5 rather than 3 days of application. Eligibility is limited to people having incomes less than $150 per month and cash assets of less than $100. Destitute status was eliminated for all but migrant workers. Income only determines eligibility -- expenses are no longer a factor. The amount of money cut through this reduction was $15 million.

Outreach and Monitoring: Federal outreach money given to private agencies to promote the Food Stamp program was eliminated in 1982. Requirements that the Federal government have prior approval of all manual releases, procedures, and forms used in state administration of the program were eliminated for fiscal year 1983.

Service Delivery Problems

Federal cutbacks are not the only problem affecting the Food Stamp Program in Illinois. Staff layoffs by the Illinois Department of Public Aid have adversely affected the department's ability to deliver benefits to recipients. Average caseload at IDPA is 450 - 600 clients. However, because of the State's hiring freeze and a series of layoffs in the last 18 months, many caseloads are uncovered. Cases may be temporarily assigned to other workers in the unit or the caseload may remain uncovered until a client demands service through the department's appeal process. Food Justice Programs recently talked to one worker who was handling over 900 cases: 600 of her own as well as 150 from two other workers.

Recertification: The yearly reapplication process for Food Stamps presents a serious problem for offices that are understaffed. It may take longer than the required 30 days for the new applications to be processed. A client's case will be terminated if the paper work for recertification is not completed by the end of his/her certification period. Food Justice Programs has found that recertification delays most often occur in cases involving the receipt of Food Stamps only. Clients receiving nonassistance Food Stamps are usually elderly or the working poor. It is the elderly who utilize Food Stamps in order to supplement income from Social Security who are most

TABLE XIII

Soup Kitchen Survey

Area of Chicago	# of Soup Kitchens	# Meal Periods Per Week	Seating Capacity	Meals Served During 1 week (May)	Total Meals Served In April	Average # Persons Eating Per Meal Served*
Central Near West	8	78	1153-1193	5490-5790	23,088	70 - 74
West	2	9	390	723 - 823	3,800	90 - 91
South	4	23	695	1570-1760	6480-6620	68 - 71
North	5	17	770	3500-3600	11,062	209 - 212
Totals for Chicago	19	127	3008-3048	11,283-11,973	44,430-44,570	427 - 448

*These figures were obtained by dividing the May week figures by the number of meals served weekly

TABLE XIV

Chicago Area Food Drives

Name of Food Drive	Brief Description	Quantity of Food Collected	and/or	Monetary Value of Food Collected
All Chicago Food Drive	Announced by Mayor Jane Byrne on Dec. 22, 1982. Original goal: $4 million in food to be collected during Jan. and distributed in Feb. By Jan.28th, the goal was lowered to $1.5 million and the drive was extended into Feb. By March 10th, the food had been distributed to 536 food pantries and feeding programs.	482,000 lbs. of food 85,760 lbs. of butter 80,400 lbs. of cheese		
Cook County Food Drive	Cook County Board of Commissioners sponsored a "Hunger Awareness Month" Food Drive from Dec. 20, 1982 - Jan. 21, 1983. Contributions were distributed through 3 city and 3 suburban social agencies. The amount collected represented a total extension of services to all 6 agencies of 8 months and 1502 persons.			$5,054
G.M.-U.A.W. Food Drive	General Motors Corporation and the United Auto Workers cooperated in a food drive to alleviate general hunger in Chicago with an emphasis on unemployed auto workers and their families. Food was distributed by Greater Chicago Food Depository.	880,477 lbs. of food 50,703 lbs. added by Depository		
Telephone Pioneers of America	The Chicago chapter sponsored a 5 day food drive from Feb. 28th to March 4, 1983. Food was collected from members and Illinois Bell Customers paying bills at service centers. Food was distributed by Greater Chicago Food Depository.	44,000 lbs. of food		
Special Depository Fund	This is a special fund which assists the 400 poorest agencies in Chicago and the suburbs, in purchasing food from the Greater Chicago Food Depository. Pantries are required to apply for funds and as of June, $6,000 had already been distributed.			$22,500 (As of June 10, 1983)

affected by the delays. Food Justice has learned that the average recertification delay is 2 - 3 months in Food Stamp units where backlogs occur. Recently, one of Food Justice's clients, an 85 year old woman, received her first Food Stamps after waiting 6 months to be recertified. The client submitted an application in November, 1982, and did not receive all the Food Stamps due her until the end of April, 1983.

Emergency Food Stamps: The application process can be frustrating for people participating in the Food Stamp program for the first time. Federal law specifies that Food Stamp applications are to be made available to anyone who wishes to apply. However, in practice, many local Public Aid offices impose a quota on the number of applications accepted per day. Many clients must return to their local office several days in a row in order to receive a "number" and be screened for eligibility for expedited service. (Emergency Food Stamps).

Clients applying for financial assistance and Food Stamps are not always informed of their eligibility for expedited service. Unless the client specifically asks for such service, he or she will be processed for monthly Food Stamps only; the client must then wait 30 - 45 days to receive Food Stamps and an assistance check.

Future Cuts in the Food Stamp Program

The Reagan administration has proposed a cut of $757 million from the Food Stamp Program in the Fiscal Year 1984. The proposed cuts include: replacement of the 18% earned income deductions with a $75 work deduction, replacement of the $85 standard deduction and the $115 excess shelter deduction with a $140 standard deduction, mandatory workfare for Food Stamp recipients, a stricter definition of household composition, and repayment by the states of benefits granted erroneously. The Federal government has already required the implementation by the states of monthly reporting and retrospective budgeting by no later than October 1, 1983. Food Stamp recipients will be required to submit a monthly questionnaire concerning their financial status to their local Public Aid office. Determination of eligibility will be based on household circumstances 30 - 60 days in the past. This will have the effect of lowering benefits and terminating many people from the program who fail to submit questionnaires to the office once a month. An additional problem involved with this procedure is the question of staff time necessary to process the volume of case information that will be received on a monthly basis by the local offices. Current staffing levels in the Illinois Department of Public Aid may not be sufficient to prevent case terminations that are likely to occur if the necessary paper work is not processed.

Information on cuts in the Food Stamp Program was obtained from:

1) Substantive Law Changes Through the Federal Budget Process, Published by the Food Research Action Center, December, 1982.

2) Children's Defense Fund. 122 C. St. N.W. 4th floor, Washingon, D.C. 20001.

3) Nutrition Week, Community Nutrition Institute, Vol. XIII No. 5 and No. 6 (Feb. 3, 1983 and Feb. 10, 1983, Washington D.C.

4) Food Justice Programs, 343 S. Dearborn St. Chicago, IL 60604.

The WIC Program

By Joni R. Levin and Tom Fox

The one bright spot in the midst of congressionally scattered gloom, WIC is reaching more poor mothers and children.

The Special Supplemental Food Program for Women, Infants and Children (WIC) was enacted by Congress in 1972. It provides prescription food packages (iron fortified infant formula, milk, eggs. cheese, cereal, and juices), nutrition education and access to health care to more than 2 million pregnant and nursing mothers, infants and children under the age of 5 who are poor and medically certified to be "at nutritional risk."

The WIC program is federally funded and administered by the Food and Nutrition Service of the United States Department of Agriculture (USDA). It is implemented in the states by their Department of Public Health. Direct service at the local level is handled by hospitals, health centers and other related health agencies. WIC foods are most commonly obtained through the use of vouchers in grocery stores, although some WIC participants receive direct delivery to their homes. The total cost of the WIC food package averages about $30 per person, per month. WIC participants also receive nutrition and health counselling which includes information concerning dietary and health problems that relate to pregnancy, breast feeding, infant and child care.

Eligibility is based on income and nutritional health status. Income standards for eligibility are set by the states according to federal limits. The minimum eligibility a state can set is 100% of the poverty line; the maximum, 185% (or a yearly income of $18,315 for a family of four). Prior to July 1, 1983, the income limit for a family of four was $17,210. Congress requires that the USDA update eligibility guidelines each July 1st to reflect the changes in the Consumer Price Index (CPI). Nutritional health status is determined by a "Nutritional Risk" standard. The nutrition risk (NR) for women includes such conditions as anemia. poor weight gain during pregnancy, low birth weight and premature birth of infant, and being pregnant under the age of 18. The NR for infants and children include such conditions as anemia, underweight, obesity and stunted growth.

A Harvard School of Public Health study said that WIC is one of the most cost-effective government programs and "positively affects the growth of babies." WIC's unique preventive approach reduces infant mortality, deafness, blindness, retardation, and anemia. Hence, it improves children's physical and mental development. A good example of the importance of the WIC program can be seen in the case of a mother of a year-old child who was taken off the program. She fed the baby diluted coffee creamer because she could not afford formula. The baby's height and weight subsequently dropped from the 50th percentile to the third percentile.

Overall, program participation has increased steadily. Despite this increase, the WIC program is thought to reach only one out of every seven eligible women, infants and children. There is every reason to believe that an expansion of the WIC program could reduce high infant mortality rates nationwide (for more information on infant mortality, see "Infant Mortality and Related Problems in Chicago" elsewhere in this report).

The Chicago WIC Program

Eligibility: There are not enough WIC funds available to aid all of the women, infants and children who meet the income eligibility requirements. Chicago WIC administrators have, as a general rule, served only those income eligible clients whose nutritional status is medically demonstrated to be of "high risk." Blood tests, height-weight-age ratios and medical conditions -- all evaluated by a physician -- provide a triage system which eliminates all but the most vulnerable pregnant or nursing mothers, infants and children. In March, 1983, a staff member of the Chicago Department of Health confirmed their inability to serve clients other than those who are "medical risks." In fact, their imposed quota of new participants caused them to narrow their own criteria for acceptance even in the high risk cases.

Estimates of the number of women, infants, and children in Chicago who are WIC eligible because of low income were furnished to us by the Illinois Department of Public Health. There are 24,485 women, 32,847 infants and 77,762 children in Chicago whose family income places them at 200% or below the poverty line (the maximum eligibility level is 185% of the poverty line). Census data from 1980 indicates that 75% of these infants and children come from families who live below 100% of the poverty level.

Service Levels: WIC service levels indicate the number of women, infants and children, by category, who participate in the program each month. Service levels do not reveal the rate of turnover. The following summary of total Chicago WIC service levels ver the last three congressional fiscal years (from October through September) give some idea of the volume and increases in the program:

MONTHLY AVERAGES FOR EACH FISCAL YEAR
WITH THE PERCENT OF CHANGE FROM THE PREVIOUS YEAR

FY	Women	%	Infants	%	Children	%	Total	%
1981	3,678	NA	6,487	NA	7,749	NA	17,914	NA
1982	6,321	+72	11,141	+72	7,449	-4	24,912	+39
*1983	7,023	+11	14,261	+28	13,704	+84	34,988	+40

*These figures represent 7 months rather than a full year.

Generally, shifts in the ratio of service among the three categories over these years favor infants over children. Assistance for women remains at or under a quarter of total services.

WIC services to women showed a steady progression from 3,350 in October, 1980 to a peak in September 1982, of 8,928. Since then, services have decreased to the 6,000 range. Infants benefited at the rate of 5,561 in October, 1980, gradually climbed to 14,737 in 1982, and has remained at that level since then. Children started FY 1981 with 10,396 WIC recipients and decreased to a low of 3,314 in August 1981. Service to children peaked in November, 1982 at 14,775 and then fell off to the 12,000 range in April, 1983, the last month for which figures were available to us.

Another way to describe the fluctuations of participation in the WIC program over the last three years, is to compare selected months:

WIC SERVICE TOTALS IN CHICAGO, SELECTED MONTHS

Year	Month	Totals	3 Month Average	Percent of Change From Previous Period
1981	Aug.	14,727		
	Sept.	15,613	15,638	--
	Oct.	16,573		
1982	Aug.	36,067		
	Sept.	36,514	36,565	+134%
	Oct.	37,115		
1983	Feb.	32,266		
	Mar.	32,966	32,789	-10%
	Apr.	33,105		

As a comparison, 69,711 women, infants and children benefited from WIC services in December of 1981. By December, 1982, this number had almost doubled to 118,211.

The Quota System and New Admissions

Fluctuations in WIC service levels are not a signal of greater or lesser need. They are a response to available or anticipated funding. Unlike other food assistance programs, WIC does not enjoy unlimited, open-ended funding. The number of people admitted to the program is determined by the amount of money available. States set a cap, or quota, on the number of admissions based on the anticipated funding. An example of the negative impact of quotas occurred in February, 1983, at the Mile Square Health Center in Chicago. New applicants exhausted the quota so quickly that even those who fit the medical high risk criterion had to be put on a waiting list. However, funding made available through the 1983 emergency jobs bill raised the Illinois cap from 90,000 cases to 108,000.

The following table approximates, within a few hundred cases, the quotas for the four funded WIC programs in Chicago:

QUOTAS OF THE FOUR FUNDED WIC PROGRAMS IN CHICAGO

WIC Program (WIC)	FY 81	FY 82	FY 83	FY 84
Roseland	NA	NA	1,500	3,000
Altgelt Clinic	NA	NA	2,500	3,500
Mile Square Health Center	NA	NA	9,500	12,000
Department of Health	12,710	15,229	25,000	35,000
Totals for Chicago			38,500	53,500

How Well Is The WIC Program Serving Chicago's Poor?

The Illinois Department of Public Health would not give us an estimate of the percentage of Chicago's poor that the WIC program serves. Our information shows that from the middle of 1979 and the middle of 1980, Chicago WIC only served: (1)

- 8 of 20 women below 200% of the poverty line*
- 8 of 20 infants and children below 100% of the poverty line**
- 1 of 3 infants and children below 200% of the poverty line*
- 1 of 3 women, infants and children below 200% of the poverty line*

From July, 1982 to the end of June, 1983, these figures improved to:

- almost 9 of 10 women below 200% of the poverty line*
- 6 of 10 infants and children below 100% of the poverty line**
- almost 1 of 2 infants and children below 200% of the poverty line* (with an emphasis on infants)

* 200% of the poverty line, by category, from chart provided by the Illinois Department of Public Health

** 100% of the poverty line, for children under 5, from the 1980 Census.

Hearings on teen pregnancy, held in 1981 by the Illinois State Council on Nutrition, reported that of an estimated 500,000 pregnant teens in the state, 30,000 would deliver their babies. Teen pregnancies were responsible for 16% of the total births and resulted in more than 20% of the neonatal deaths and 30% of infant deaths in the state. However, in August, 1981, there were only 2,309 pregnant teens, 18 years of age or younger, on the WIC program. (2) In 1979, there were 12,248 girls between 15 and 19 who gave birth to a child in Chicago. That same year, 373 girls under the age of 14 bore children in Chicago. (3) Together these teen pregnancies accounted for 22.6% of the total number of live births in the city. (4)

Footnotes

(1) Bases for FY 80 estimates were figures on active participants at the start of FY 80 and the number of participants added during the fiscal year -- both sets of figures by category -- from the Chicago Department of Health, May 31, 1982. The CDH provides about 65% of Chicago's WIC service and its quota embraces 65% of new WIC admissions. Bases for the FY 83 estimates were also figures from the CDH on estimated new participation by category, from the same source, updated by phone, September 26, 1983, as to total quota. Actual service levels during the last month of FY 82 provided the number of participants active at the start of FY 83.

(2) Dorice M. Marins and Virginia Hill, writing for the Council, ISCON Report on Nutrition and Teenage Pregnancy Hearings. January, 1982. Pages 5 and 45. WIC figures are from testimony by Janet Maass.

(3) IBID., page 50.

(4) IBID., page 46.

Child Nutrition Programs

By Tom Fox, Karen Singer and Joni R. Levin

Reagan cut $5.2 billion from Child Nutrition programs through 1985. These cuts fall most heavily on the poor and increase the probability that children will go hungry.

Part 1

The Child Nutrition Programs provide supplementary food for children care centers. The three programs, the School Breakfast and Lunch Program, the Child Care Feeding Programs and the Summer Food Service Program, are aimed at safeguarding the health of this nation's children. The school meal program is discussed in the following article.

Child Care Food Program

The Child Care Food Program (CCFP) enables qualified nonprofit child care centers to provide nutritional meals and snacks for children. Children receive meals according to the same eligibility criteria as those used for school meals. The program is federally funded by the United States Department of Agriculture (USDA) and the Illinois State Board of Education, Food and Nutrition Programs Section.

Approximately 750,000 children benefited from the CCFP in 1981 at a cost of $270 million. Funding was cut by one-third in FY 1982 to $180 billion.

Because of cuts in the CCFP and losses in other areas such as the Comprehensive Employment Training Act (CETA) funds, and "Title XX" Social Services funds, many day care centers have already closed, In addition, day care centers and family day care homes can now serve only two meals and one snack a day, regardless of how many hours the children stay in care. This reduction in service is a direct result of 30% cuts, or nearly $130 million a year, and hence, the consequence of a substantial reduction of federal support in the Child Care Food Program.

For FY 1983, the Administration proposed to cut funding by one-third again and to include the program along with the School Breakfast Program in a block grant. This grant is subject to a further cut of 30% in FY 1984.

Summer Food Service Program For Children

The Summer Food Service Program for Children supplements the School Lunch Program by providing free meals to low income children during the summer. Many children depend on this meal for one-third to one-half of their daily nutritional intake.

The Summer Food Service Program for Children (SFSPC) is a federal program funded by the United States Department of Agriculture (USDA) and is administered at the state level by the Illinois State Board of Education. The USDA funds the program on a per meal reimbursement rate which in turn helps to meet both the operating and administrative costs of the program. The rates for 1983 are:

	Operating Costs	Administrative Costs
Breakfast	$ .7825	.0575
Lunch-Supper	$ 1.4050	.1100
Supplement	$ .3700	.0275

Before 1981, the SFSPC was operated by churches and religious organizations, YMCAs and YWCAs, boys' and girls' clubs and similar organizations. These operators have since been excluded from sponsoring summer feeding programs. Some community groups were able to find new sponsors. Only programs operated by school systems or local governments were allowed to continue in operation. Therefore, the Department of Human Services (DHS) remains as the largest sponsor in Illinois, the Chicago Housing Authority (CHA) being the second largest operator. The following is a breakdown of the two sponsors' commitment for the last three years of the number of meals served, number of sites and the budget:

Department of Human Services

	# Meals	# Sites	Budget
1981	950,000	450	$1,885,750
1982	750,000	400	$1,783,738
1983 (projected)	1,100,000	525	$1,666,500

Chicago Housing Authority

	# Meals	# Sites	Budget
1981	338,100	115	$1,034,000
1982	458,808	131	$1,047,201
1983 (projected)	1,029,000	136	$1,558,935

The Summer Food Service Program operates for 49 days as of 1983. Prior to this time, it was in operation for 44 days.

The program has always begun on the Monday following school closing for the summer.

Children, ages 0-18, are eligible to participate in the SFSPC. In areas where at least 50% of the families qualify under the free or reduced price income guidelines established by the USDA, feeding sites may be located. In 1981, once a site had provided evidence that at least 33½% of the families in the area were income eligible, all children participating at the site were served free meals. In 1982, feeding sites were selected in areas where at least 50% of the families qualified under the above guidelines. This represents a tightening of eligibility from 1982 to 1983.

The Summer Lunch Program, like other child nutrition programs, has suffered dramatic cuts in FY 1983. Summer lunches have been eliminated for 500,000 low income children who had been served previously by churches and non profit organizations. Both budget cuts and new restrictions on who can operate Summer Food Service Programs are responsible.

The Reagan Administration is proposing further cuts in these child nutrition programs. The proposal calls for the Child Care Food Program and the Summer Food Service Program for Children to be put into one block grant with the School Breakfast and National School Lunch Programs. This block grant will be subjected to a 30% cut, or $223.9 million, in FY 1984 to 40% by 1988. The block grant will not provide for food price increases in future years and it will have the effect of serving a finite number of children instead of those who meet certain eligibility criteria. If this proposal is passed, it will clearly mean much less money for child nutrition programs.

The Child Nutrition Programs

Part 2

School Breakfast Program

Three quarters of the 3.5 million children who participated in the School Breakfast Program nationally last year were from low-income families (below $17,210 for a family of four). Ninety-seven percent (97%) of SBP federal funds go to support free and reduced price meals. The rest subsidizes "full price" meals for non-eligible children who attend schools which participate in the program.

Congress cut the SBP budget for the 1981-82 school year 20% (about $78 million) by tightening eligibility requirements and by cutting subsidies. Prior to this, those children from families whose net income after a monthly standard deduction fell below 125% of the poverty line were eligible for free meals. Now only those whose gross income without a standard deduction is below 130% of the poverty line qualify for free meals. The eligibility requirements for reduced price meals were lowered from 195% of the poverty line after a standard monthly deduction to 185% of the poverty line without any deduction. Subsidies for both reduced price and free breakfasts were cut in half.

The reduction of subsidies has been partially responsible for the loss of about 500,000 children and over 1,100 schools from the SBP nationally. Three quarters of these children had previously received either free or reduced price breakfasts. (1)

Illinois: The number of Illinois schools participating in SBP actually grew 3.3% since the 1980-81 school year. Last year, 565 schools (total school enrollment: 412,569) out of a total of over 4,300 public elementary and high schools, took part in the SBP. However, in spite of the increase in the number of schools, the total enrollment in the program dropped 3.1%, a loss of 13,255 pupils.

Approximately 76,000 breakfasts were served each day last

TABLE XV

Food Stamps in Chicago and Cook County: Selected Months

	1981 Aug.	Sept.	Oct.	1982 Aug.	Sept.	Oct.	1983 Feb.	March	April
Cook County:*									
Persons	N.A.	633,144	624,694	622,871	626,616	627,408	644,275	628,096	637,128
Households	N.A	257,981	256,071	248,862	249,937	250,769	259,101	277,490	276,046
Chicago-Regular Issue:**									
Persons	536,000	527,700	540,000	539,200	526,400	544,200	557,600	565,000	573,400
Households	216,400	214,800	219,900	213,700	208,800	215,600	221,400	225,600	229,600
Ave. Benefit (Person/Month)	43.04	43.01	44.13	42.95	42.68	47.93	48.73	49.20	49.32
Chicago-Expedited:**									
Persons	57,100	53,700	54,600	57,200	53,900	53,800	49,600	55,300	44,200
Households	25,100	24,000	23,800	24,000	22,900	23,000	21,500	24,100	18,800
Ave. Benefit (Person/Month)	57.81	58.97	56.93	52.15	52.24	55.84	61.20	65.79	63.76

* United States Department of Agriculture (USDA) figures.

** Illinois Department of Public Aid (IDPA) figures, "estimated based on Cook County information and a zip code study which indicated that approximately 90% of Cook Public Aid persons are in the city." (Letter of July, 1983 -- undated -- from Mark Camille, Chief, Bureau of Research and Analysis, State of Illinois, Department of Public Aid.)

year through SBP. Ninety-six percent (96%) of the breakfasts were free and 1% were at reduced prices. The ratio of free, reduced price and full price breakfasts has remained constant over the last three years. Ninety-nine percent (99%) of the federal funds went for free breakfasts, and .5% for reduced price breakfasts. The state added a subsidy for each free breakfast which amounted to 29% of the federal grant.

Complete figures for SBP participation during the 1982-83 school year were not available to us. Therefore, we compared figures for the month of October in 1980, 1981, and 1982. (2) The total number of breakfasts served during these comparable months decreased 2.3% by 1982, which reflected a total drop in enrollment of 3.1%. But, the number of daily full price breakfasts in the SBP increased by 9.4%. At the same time, the average number of free breakfasts fell 4.5% from 1980 to 1981 -- a net loss of 3,314 daily free breakfasts. On the average, 3 to 4,000 fewer poor children benefited from the program. In October, 1980, an average of 1,064 reduced price breakfasts were served each day. By October, 1982, this number decreased 33.5%. This drop represents the loss of breakfast for about 3 to 4 hundred children of poor families. (3)

Extrapolating from these October averages over three school years, it can be estimated that during the last school year, free breakfasts were available to approximately 73,000 children whose family income fell below 130% of the poverty line and reduced price breakfasts were available for about 700 children below 185% of the poverty line.

The 1980 Census counted 334,899 children of school age (ages 5 to 7) in Illinois whose family income fell below the poverty line. We estimate that the number of poor school children in Illinois is at least as high in 1983, in spite of the decreases in school enrollment. (4)

Because eligibility for free school meals extends to children living up to 130% of the poverty line, we project the actual number of eligible children to be some 20-25% higher, or upward of 400,000 children. Therefore, last year we estimate that only about 18% of poor children were sharing in the School Breakfast Program in Illinois on any given day.

Chicago: The Chicago Board of Education, Department of Food Services, provided 69,000 breakfasts daily during the 1982-83 school year -- the only year for which they made figures available to us. However, a total of 271,904 children were eligible for free meals and 17,893 more qualified for reduced price meals. Together, these children make up 67.7% of the total Chicago public school enrollment of 427,763. (5) Fewer than 24% of eligible children actually received daily free or reduced price breakfasts on any given day last year. (See the appended table "Chicago Public and Catholic School Participation in the SBP and NSLP: School Year 1982-83")

The Archdiocese of Chicago. Food Service Program. also partakes in the national school meals programs. They served an average of 2,500 breakfasts each day last year -- the only year for which they made figures available to us. The 23 Chicago Catholic elementary schools which take part in this program make up 10% of the total number of Catholic schools in Chicago. According to the Archdiocese, however, 21,238 elementary pupils throughout Cook and Lake counties were eligible for free meals. Also, 4,304 elementary pupils were eligible for reduced price meals. (6) Therefore, fewer than 10% (or 2,500) of Chicago Catholic elementary school children eligible for the free or reduced price meals were actually receiving school breakfasts on any given day last year.

National School Lunch Program

Nearly half of the 23 5 million children currently participating in the National School Lunch Program are poor. Eighty-two percent (82%) of federal lunch funds go to support free and reduced price meals for low-income children.

In Fiscal Year 1982, approximately $1 billion, or 35% of federal support for the lunch program was cut. This was accomplished by lowering the income eligibility threshold for free meals from $11,640 to $10.990 (for a family of four) and the reduced price income eligibility threshold from $17,820 to $15,630. Per meal subsidies for non-needy children were lowered by $.11. Subsidies for free meals were lowered by $.0375 and for reduced price meals by $.2375 (See Table XVII). In addition, tighter restrictions on income documentation for free and reduced price meal applications were imposed by the 1982 Omnibus Budget Reconciliation Act.

As a result of the new eligibility restrictions, hundreds of thousands of needy families began to pay for lunches at school. Those families who remain eligible for reduced price lunches. now pay $.40 for each child each day (a 100% increase). Non-needy children pay $.15 more per meal than before. The loss of federal subsidies has been partially responsible for the loss of 3.4 million children (2 million non-needy and 1.4 million poor children) from the National School Lunch Program. Approximately 2.200 schools have dropped out of the program. (7)

Illinois: The number of Illinois schools participating in the NSLP fell 2.7% in the last three school years. Currently, 850 schools out of a total of over 4,300 public elementary schools participate in the program. The total enrollment for those schools participating in the program was 507,411. This represents an 8.4% drop from 1980-81 enrollment figures of

553,818 (or 46,407 students).

Approximately 318,000 lunches were served each day last year through NSLP. Eighty-one percent (81%) of the lunches were free, and 4% were reduced price. Between October 1980 and 1982, the ratio of free lunches to the total number of lunches dropped one percentage point per year to 81.5%. Reduced price lunches stayed close to 3.5% of the total lunches. Eighty-four percent (84%) of federal funds went for free lunches and 2.3% for reduced price lunches. The state added a subsidy for each free lunch which amounted to about 20% of the federal grant (8).

In spite of federal cuts, the average number of free, reduced price and full price lunches served each day actually rose by 1.7%, 9.5% and 9.3% respectively, between October 1980, and 1982.

Based on our estimates that over 400,000 students in Illinois are eligible for free school meals (See SBP for Illinois), we calculate that fewer than two-thirds of eligible children actually participated in free lunches of the NSLP in Illinois on any given day last year.

Chicago: During the 1982-83 school year, the Chicago Board of Education, Department of Food Services, served 272,000 lunches each day and 109,000 "a la carte" equivalent meals (i.e., partial meals, or vending machine selections), at 575 sites for 603 public schools. Their total budget for school meals was $84 million. (9) The Chicago Board of Education figures exceed the daily number of lunches served in the state under the program. Mr. James Williams of the Chicago Food Services acknowledged discrepencies by telephone in September, 1983, but was too busy to explain them adequately. For our purposes, the 272,000 lunches seem to be the only lunches that can fit the NSLP requirements.

On the basis of eligibility figures supplied by the Board of Education (See SBP for Chicago), we calculate that no more than 94% of the approximately 290,000 children eligible for free or reduced price meals actually obtained lunch in the NSLP on an average day in Chicago last year.

The Archdiocesan program served an average of 38,474 lunches in 196 elementary schools and 2,966 lunches in 18 high schools in Lake and Cook counties daily last year. The total budget for the Catholic elementary school program last year was $9,461,000. (10) The 27,768 Catholic elementary and high school students -- 14.9% of the total Catholic school enrollment in the Archdiocese -- who are eligible for free or reduced price meals, seem to be adequately provided for through the 41,440 daily lunches served by the Archdiocesan NSLP.

Footnotes

1. For national information, "Child Nutrition Programs," Substantive Law Changes Through the Federal Budget Process: The Implications for Legal Assistance Clients. November. 1982.

2. The month of October was used since it, along with March. provide the largest totals. representing months with more school days.

3. For information on Illinois. Illinois State Board of Education Computer Printout for FY 1981, 1982. and 1983 (partial): SL 419Y 82. SL 419Y 83. Dated 03-10-83.

4. The 1980 Census figures on Illinois poverty include these categories: under 18 years of age. 477,633; 5-17 year of age. 334,899; and under 5 years of age. 142,734. The average number of children in any one year of age for each of these three categories ranges from 26.500 to 28.000. A slightly higher average appears for children in the youngest category.

5. For information on the Public School Program, a letter of July 13, 1983 from James L. Williams. Department of Food Services, Chicago Board of Education, and an interview with Betty Davenport of the same office on September 1, 1983. Enrollment figures from Chicago Public Library information service.

6. "Child Nutrition Programs," ibid.

7. Illinois State Board of Education, ibid.

8. See footnote 5.

9. See footnote 6.

10. Chicago figures for the NSLP were not available, nor was the total budget. including the NSLP in Archdiocesan high schools.

The Elderly and Hunger

By Marion Goeddeke

> *"Many elderly persons do not eat adequately because (1) they cannot afford to do so; (2) they lack the skills to select and prepare nourishing and well-balanced meals; (3) they have limited mobility which may impair their capacity to shop and cook for themselves; and (4) they have feelings of rejection and loneliness which obliterate the incentive necessary to prepare and eat a meal alone."*
> *-- United States Congress*

What Congress found true in 1972, we find to be even truer for Chicago now. Hunger continues to be part of what it means to be old and poor in Chicago. This picture emerges from the collected observations of staff workers in public and private agencies that serve the elderly.

Due to government cuts in funding, the elderly have fewer food stamps and medical benefits. The senior housing crisis has become more acute. Inflation in food prices, higher utility costs and the necessity of paying for needed prescriptions and medical services no longer funded strain their budgets. The solution is usually to cut back on the amount of food purchased and to buy cheaper and less nutritional food.

The Problem of Access

Sister Jean Juliano of Marillac House observes that even for less nutritional food, residents of poor neighborhoods pay more because they do not have access to supermarkets and must patronize small grocery stores where food is more expensive and there is less variety. Sister Jean adds that many elderly are not mobile enough to shop or do not feel safe doing so. A mobile grocery which once serviced East Garfield Park has been discontinued, she notes. Sister Jean finds that some of the elderly she visits sleep late so they can manage on two small meals a day or they tell her they are "fasting for spiritual strength."

The Problem of Nutrition

Food preparation is also a problem. The staff council of the Council for Jewish Elderly cites among reasons for malnourishment, in addition to reduced purchasing power: poor eating habits, lack of motivation to spend time on food preparation, especially if living alone, and problems related to inadequate medical care such as disorientation, weakness, etc. Facilities for cooking are sometimes lacking.

Nurtitionists report that seniors often eat less fresh fruits and vegetables and so are candidates for vitamins A and C deficiencies and nutritional anemias. They are prone to eat high carbohydrate foods. Heart disease, hypertension and diabetes, major chronic diseases of the elderly, are related to nutrition directly, notes Mary Bess Kohrs of the University of Illinois at Chicago in her "Evaluation of Nutrition Programs for the Elderly," reprinted in the October, 1982, issue of The American Journal of Clinical Nutrition. She reminds readers that cancer, arthritis, and other diseases are indirectly related to nutrition. Furthermore, medically prescribed diets are often ignored because the required foods cost more.

Money Problems: Cases in Point

Susanne Strassberger of the Council for Jewish Elderly reports that the majority of their clients are not in serious need. Families take care of them or they are able to negotiate the system, she says. The staff of that organization estimates that ten to twenty-five percent of those they serve are not receiving sufficient nourishment. They offer a sample case: Mrs. Y receives only $284 a month in Supplemental Security Income. When the cost of her clinic visits increased and the cost of her medication went up to thirty dollars a month, she began to spend less money on food.

Public health visiting nurses also find that when a greater part of the limited income of an elderly person must be spent for rising rent and utility bills and for medical costs no longer funded, food is often the need that is flexible and can be reduced. In fact, the need for cash sometimes leads the poor to sell the food that has been given to them.

A visiting nurse reports that on the far northwest side, from Pulaski to the city limits west and from Fullerton to the city limits north, about 40% of the elderly are not receiving sufficient nourishment. In the section from Western to the city limits and from 31st Street to North Avenue, between 70% and 80% of the elderly cannot meet their basic food needs. She sees first hand how food stamp cuts have intensified the nutritional needs of her patients. Examples: Mr. Selly R., suffering from a pituitary tumor, hypertension and diabetes, gets $300 from social security of which $200 is now spent for rent (raised from $150) and he pays higher electricity bills. He needs nutritional meals; his food stamps have been cut from $90 to $60. Helen S., age 83 with severe rheumatoid arthritis, gets $284 from SSI and MANG. Her food stamps stopped coming; when reinstated they had been cut. Another 83 year old woman who cares for a retarded son and a mentally ill daughter pays $250 a month for substandard housing with no hot water. She also has had her food stamps cut.

From among the poor senior citizens served by the Salvation Army this case is cited: "One elderly woman who comes to our center has recently lost her housing due to cuts in her benefits. She had been staying at a halfway house in the neighborhood but was asked to find independent living arrangements because the halfway house was receiving less money from the Department of Mental Health and can no longer service as wide a range of persons as they could previously. The woman is now on the streets where she has experienced physical and sexual abuse. She has also not been able to receive medical care and medication as needed because of cutbacks in these areas."

Are Available Programs Reaching the Elderly Poor?

An observation expressed by a number of social workers servicing older people is that the elderly poor generally "make do." They have come through the depression; many raised large families and have had to scrimp and save. Now they quietly make adjustments when funds are cut, but this has damaging effects on them, both physical and psychological.

Food Stamp Program: It is estimated that nationwide only half of the elderly eligible to receive food stamps participate in the program. One reason is that many older persons feel there is a stigma attached to using food stamps or other "welfare" type programs. Another contributing factor is the lack of outreach to let the poor know they are eligible. The elderly are most likely to be uninformed in this regard. When they do apply they are apt to encounter problems in the application process and not realize they are eligible for emergency food stamps. Senior citizens who are recipients of food stamps have suffered from the delay in cost of living adjustments and the utility standard deduction, as discussed elsewhere in this study. As noted in the section on food stamps, the elderly are likely to suffer delays in the recertification process.

There are 69,689 persons sixty years and older living below the poverty line in the city of Chicago (1980 Census). It should not be overlooked that income at the poverty level does not provide adequately for older people. A U.S. Senate Report of the Special Committee on Aging points out that an income twenty-five percent above the official poverty line is recommended to provide a nutritionally adequate diet for the elderly. (FRAC 10/12/82)

Golden Diners and Meals on Wheels: The major public agency serving the older population of Chicago is the Office for Senior Citizens and Handicapped. In food service, this office provides the congregate dining program (Golden Diners Club) and home delivered meals. Statistics for calendar year 1982 show that 53.7% of those who avail themselves of meals at Golden Dining sites and 52.5% of the recipients of home delivered meals live in poverty. But less than one-fifth of the population of Chicago sixty years of age or older who are below the poverty level participate in one or the other of these programs. The figure for 1980 was 18%. This is the latest date for which a count of the elderly poor is available.

The Director of Planning at the Office for Senior Citizens and Handicapped reports that during the current year that office has targeted Black and Hispanic neighborhoods in establishing congregate dining sites and three additional sites have been opened to service minority groups. A major difficulty in locating in poorer neighborhoods is finding appropriate hosting sites, buildings that come up to the necessary standards of maintenance and access. There are problems too, in attracting participants. In some neighborhoods the elderly are fearful of leaving their homes. They may not be able to afford bus fare if they must travel a distance to reach the nearest site and funds for transportation have been cut. The food may not suit their tastes, although the Senior Citizen Office states that attempts have been made to provide foods appealing to different cultures. A donation for the meal is not required but is encouraged.

In all sections of the city, the poor may be deterred from joining with other clinets in a social setting because the participants are, in the words of the 1980 Statistical Report of the Office for Senior Citizens: "...persons who might have low incomes but who are as well or better educated than those in other service recipient groups, and who are more likely to own their own homes." Other sources confirm that the elderly poor often do not have the social skills to participate.

Participation is very low in the ten poorest areas of the city (See Table XIX). It is to be noted that only three of these ten communities have even 1% of the total number of clients citywide eating at dining centers and it is not known haw many of these clients live in poverty. Six areas have more than 1% of the total number of recipients of home delivered meals. Near West Side has the highest percentage: 2.9%. For this program, too, no information about the poverty level of recipients is available in the breakdown into community areas.

Participation in feeding programs is higher in the ten communities in which almost one-half of the whites living below the poverty level are concentrated. However, not one of these areas has as many as 31% of persons over 60 living below the poverty line. The average is 17.8%. In the ten poorest areas the average number of senior citizens living in poverty is 38%. (Oakland has 57.9%) (See Table XIX)

The congregate dining program was established under Title

VII, Nutrition Program for the Elderly, a 1972 amendment to the Older Americans Act of 1965, to promote health and prevent isolation. Although all persons over 59 years and their spouses are eligible to participate, the legislation targets particularly "those with low incomes." (1)

For a variety of reasons, Chicago's elderly poor are not being fed in large numbers in the city's congregate dining and home delivered meal programs for senior citizens. How many are receiving food from church pantries or the Department of Human Services food program cannot be documented because even if statistics are kept by age groups, they indicate the direct recipient of the food package, not all who benefit.

Food Pantries, Soup Kitchens and Thoughtful Neighbors: Many hundreds of food pantries serve hundreds of thousands of people per year. No one knows how many are seniors, but is is clear that a substantial number are. The Little Brothers of the Poor food pantry in the West Lakewood area has been providing food for 150-160 persons over 65 years of age each month since the beginning of 1983 when they began keeping records by age group. In the 55 - 65 group an average of 100 people have been serviced each month. And Marillac House indicates that the number of food bags given to the elderly poor has tripled in the last three years.

Soup kitchens are another recourse for the mobile aged poor. Figures are not available as to the number of old people served, but there are 19 soup kitchens in Chicago. Thoughtful neighbors minister to the food needs of many homebound elderly. However, there is undoubtedly much undiscovered and unalleviated hunger among the city's senior residents.

(1) Title VII Nutrition Program for the Elderly (Text)

3045. Findings and Purpose

(a) The Congress finds that the research and development nutrition projects for the elderly conducted under Title IV of the Older Americans Act have demonstrated the effectiveness of and the need for, permanent nationwide projects to assist in meeting the nutritional and social needs of millions of persons aged sixty or older. Many elderly persons do not eat adequately because (1) they cannot afford to do so; (2) they lack the skills to select and prepare nourishing and well-balanced meals; (3) they have limited mobility which may impair their capacity to shop and cook for themselves; and (4) they have feelings of rejection and loneliness which obliterate the incentive necessary to prepare and eat a meal alone. These and other physiological, social, and economic changes that occur with aging result in a pattern of living which causes malnutrition and further physical and mental deterioration.

(b) In addition to the food stamp program, commodity distribution systems and old-age income benefits, there is an acute need for a national policy which provides older Americans, particularly those with low incomes, with low cost, nutritionally sound meals served in strategically located centers such as schools, churches, community centers, senior citizen centers, and other public or private nonprofit institutions where they can obtain other social and rehabilitative services. Besides promoting better health among the older segment of our population through improved nutrition, such a program would reduce the isolation of old age, offering older Americans an opportunity to live their remaining years in dignity.
(emphasis added)

Source: U.S. Code Services, Title 42

TABLE XVI

Chicago Public and Catholic School Participation In the SBP and NSLP - School Year 1982-83

		Chicago Board of Education	Archdiocesan Schools*
Number of Schools Participating:			
	SBP	NA	23**
	NSLP	603 (575 sites)	196 elementary 18 high
Average Daily Service:			
	SBP	69,000	2,500***
	NSLP	272,000	38,238 elementary 1,966 high
Number of Eligible Children:			
	Free Meals	271,904	21,238 elementary 1,570 high
	Reduced Price Meals	17,893	4,304 elementary 656 high
Per Meal Reimbursement Rate:			
Breakfast	Free (Federal)	$0.7225	$.60
	Free (State)	0.15	.12
	Reduced Price (Federal)	0.4225	.77
	Full Price (Federal)	0.0875	----
Lunch	Free (Federal)	1.17	1.17
	Free (State)	- 0 -	.12
	Reduced Price (Federal)	0.77	.77
	Full Price (Federal)	0.13	----

* Archdiocesan schools are distributed over Cook and Lake Counties. Sixty percent of elementary schools and 64% of Catholic high schools of the Archdiocese are in the city of Chicago

** Figures for Chicago proper

TABLE XVII

National School Lunch Program
Federally-Established Reimbursement Rates

	Free	Reduced Price	Paid
July - December 1980	$1.175	$.975 - $1.075	$.34
January - June 1981	$1.13	$.93	$.295
July 1981 - June 1982	$1.2025	$.8025	$.215
July 1982 - June 1983	$1.265	$.865	$.225
July 1983 - June 1984 (Including Commodities)	$1.3527	$.9527	$.2428

TABLE XVIII

Federally-Established Income Eligibility Guidelines (Family of Four)

	Free	Reduced Price
January - June 1981	$10,270	$15,490
July 1981 - June 1982	$10,990	$15,630
July 1982 - June 1983	$12,090	$17,210
July 1983 - June 1984	$12,870	$18,315

Surplus Commodities

By Dorothy Gartland and Tom Fox

The great Federal government cheese giveaway neither fed the hungry adequately nor reduced the surplus stockpile. Both the farm surplus problem and the needs of the hungry deserve a more concentrated effort than the short history of this program has demonstrated.

History

On December 22, 1981, the government announced it would give away 30 million pounds of surplus cheese to the poor "needy" of the United States. Of this amount roughly 1.5 million pounds were earmarked for Illinois. And of this, approximately 1 million pounds were for distribution in the Chicago area. Although intended as a one-shot deal, the government decided to continue to release cheese.

Between January and June, 1983, the Illinois Department of Public Aid, which was the primary distributor in the state, reported monthly rates of seven commodities: processed cheese (154 truckloads or 5.7 million pounds), cheddar (31 truckloads or 1.5 million pounds), butter (115 truckloads or 4.4 million pounds), rice (5 truckloads or 200,000 pounds), corn (6 truckloads or 240,000 pounds), powdered milk (10 truckloads or 264,000 pounds and honey (2 truckloads or 72,000 pounds). All but the cheese and butter, termed "bonus" commodities, began to be available after passage of the Jobs Bill and USDA regulations published in the Federal Register April 26.

In November, 1982, the Chicago Department of Human Services took over distribution of cheese and butter for the city. Through March, 1983, the DHS reports monthly receipts and dispersal of 14 truckloads of cheese (470,000 pounds) and 10 truckloads of butter (384,000 pounds). Further distribution to pantries and outlets was handled mainly through umbrella agencies such as The Greater Chicago Food Depository, The Church Federation of Greater Chicago, Catholic Charities, the Salvation Army and the Community and Economic Development Association of Cook County.

From July 1, 1983, through the end of the federal fiscal year, the Greater Chicago Food Depository has taken over as the sole contractor for the Chicago area. Planned distribution through six subcontractors promise to reach about 3 million pounds of cheese and 300,000 pounds of butter plus the other commodities mentioned above. The Depository, of course, also makes commodities available through its pantry pickup system. Handling charges, normally 7¢ per pound, are 3¢ per pound for government commodities.

Problems

A media blitz announced President Reagan's 30 million pound cheese giveaway. Expectations soared as multitudes flocked to local pantries to await "their cheese." The deluge of cheese arrived without clear procedures. Famine followed the feast. Reports from pantries all over Chicago bemoaned the monopolization of time and energy on the part of already overextended pantry staffs.

Despite the original chaos, the pantries welcomed the additional food. A more stabilized distribution network emerged, thanks to the resiliency of the pantries. But problems also emerged from increased costs, such as transportation and storage. Many agencies and pantries are not equipped to handle large amounts of goods needing refrigeration. Nor had the DHS been able to provide the volume storage needed. Barbara Hutchins of the DHS noted this problem prevented Chicago from receiving about 2/3 of what it should have been given.

In April, 1983, USDA's Secretary Block announced plans for the distribution of "emergency" commodity assistance to domestic feeding programs. As indicated by the Emergency Jobs Bill, "bonus" commodities (a.k.a. Title II of the Jobs Bill) held in surplus by the Commodity Credit Corporation would become available. Rice, flour, honey, corn meal and nonfat dry milk would join cheese and butter. However, the amount of cheese distributed monthly would be cut back. The Illinois Department of Education was informed that its June allocation would not be the expected 4 million pounds but 1.5 million, according to our information. Title I Commodities as of this writing, which include egg mix and canned nuts, fruits and fish, will apparently not be released to pantry networks.

In spite of these major drawbacks to the program the receiving agencies and pantries view their distribution recording and target efforts to get food to the needy as highly efficient and successful. The proposed reductions in cheese distribution do not come as a result of their failure or request. It is also clear that hunger in Chicago and elsewhere in the country is not declining.

Nor is the mountain of commodities dwindling. According to the Community for Creative Non-Violence, "In just the last nine months, there has been a net increase of 23 million pounds of butter, 140 million pounds of cheese, and more than a quarter of a billion pounds of milk in storage." (There is hunger in the land of plenty).

Lloyd Shearer writes in "Intelligence Report," Parade June 26, 1983:

> At this writing, the U.S. Department of Agriculture has enough surplus food available to provide 14 pounds of butter, 24 pounds of cheese, 38 pounds of dry milk and 13.5 bushels of corn to every poor person in this country ...
>
> According to a House Education and Labor Committee projection, the government's surplus food stockpile this year will include 1 million tons of rice, 18 million bushels of wheat, 431 million bushels of corn, 33 million pounds of honey, 715 million pounds of butter, 1.8 billion pounds of dried milk and 1.1 billion pounds of cheese. The Commodity Credit Corporation estimates the annual storage cost at $383 million.

In August, 1983, the USDA announced a slight increase in the cheese giveaway.

Cheese offers a very limited diet. As one pantry worker wrote: "An unemployed man who helps me -- he is mildly retarded -- gets a GA (Illinois General Assistance) check of $144. He pays $130 for rent plus gas and lights. He lives on Reagan's cheese."

The Consequences of Federal and State Cuts in Income Maintenance On the Poor: Participation and Benefits

By Tom Fox

Chicago has a quarter of the state's population but two-thirds of public assistance clients. Cuts in state-run and state-funded public aid programs are bound to have a devastating effect on Chicago's poor and hungry.

The primary purpose of the Chicago Hunger Watch Report is to report on programs and services which seek to feed the hungry. However, the Reagan and Thompson administrations have also made deep cuts in programs that had traditionally sought to assure a minimal survival income for our poor citizens. These cuts have seriously curtailed the money that poor families and individuals have available for food. About the effects of the Reagan budget cuts on the poor, a recent Congressional Budget Office study concludes:

> Spending for human resources programs has been reduced, in total, by 7% relative to what it would have been under the laws existing at the beginning of 1981.
>
> Reductions in benefit payments for individuals will be greatest for households with incomes below $10,000. In 1984, for example, such households will lose an average of $430 in benefits relative to what they would have received under prior law, as compared to an average loss over all income categories of about $250. (1)

This article reviews the trends in participation and grant levels in selected programs in Chicago as a result of recent federal and state budget cutting. The major federal cash programs are: Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI). The state provides cash assistance to Chicagoans under its program, Illinois General Assistance (GA). Each program will be described briefly. Where appropriate, comments about participation and benefit levels, expecially as they are effected by the budget cuts, will follow.

Aid to Families with Dependent Children

AFDC is a grant-in-aid program established by Congress in 1935 to assist needy dependent children living with a single parent (of which almost all are women), a relative, or (by court order) in foster homes or private nonprofit child care institutions. Since 1960, Congress has permitted states to give AFDC to families with both parents living at home. However, the principal wage earner must be unemployed or working less than 100 hours per month, have worked within the last four years, and have exhausted unemployment benefits or be receiving benefits well below the welfare standard. This relatively small program serves about 5% of all AFDC families. (Henceforth, this latter form of AFDC will be designated AFDC-U whenever a distinction is necessary.)

Participation Levels: The Omnibus Budget Resolution Act of 1981, the first budget to enact the cuts proposed by the Reagan Administration, severely tightened the eligibility criteria for participation in the AFDC program. Some of these cuts were:

- A cap on gross earnings at 150% of the needs standard, regardless of actual expenses
- The inclusion of step-parent income, regardless of its actual availability or any legal obligation of support
- Reduction of the asset limit to $1,000 per family (formerly: $2,250 for two people plus $50 for each additional child)
- Modification of grants to terminate benefits for 18-21 years olds not in school (2)

These cuts have been exacerbated by the reductions in Illinois Department of Public Aid (IDPA) staff and the resulting increase in case loads. (3)

Prior to OBRA 1981, almost half a million Chicagoans participated in the AFDC and AFDC-U programs. In October of 1981, the month the new restrictions went into effect, 6550 participants were eliminated from AFDC. Within a year, over 15,000 fewer mothers and children were participating than in the previous year, a drop of 4%. (4) Since that time, participation has increased steadily -- in spite of eligibility restrictions -- as poverty deepens. Still, on an average, 10,000 fewer Chicagoans were benefiting from the program in 1983 than before the Reagan cuts. (See appended table "Major Income Maintenance Programs...")

AFDC-U figures show no drastic sign of the Reagan cuts, since participation has increased by some 20% (4,000 persons). (See Table XXI) However. if AFDC-U participation is viewed in the context of Chicago's prolonged high unemployment rate, the increase is surprisingly modest. By October, 1981, Chicago's unemployment rate had already been running close to 9% (roughly 140.000 people) for several months. Joblessness has continued to rise in Chicago since then. peaking in September, 1982, at 12.7%. (5) Unemployment compensation. which covers less than half of the jobless. ran for 26 weeks in Illinois, followed by later extensions of up to 55 weeks total in some cases. The increase in program participation in the face of eligibility restrictions further illustrates the growth of poverty in Chicago.

Benefit Levels: AFDC grant levels were significantly reduced through 1981 legislative changes (OBRA). Major OBRA changes that have reduced benefits center around the way deductions are calculated.

- The amount of earned income which can be excluded from the calculation of benefits has been reduced for the first four months and totally eliminated afterward
- The deduction for work-related expenses was reduced to a flat $75 for full-time workers and less for part-time
- Maximum allowable child care costs are $150 per month
- Earned Income Tax Credit (EITC) is counted as monthly income, whether it is received or not
- The state can now count food stamps and housing assistance as income (So far. Illinois has not done so) (6)

In addition. the Tax Equity and Fiscal Responsibility Act of 1982 required additional reduction of benefits. TEFRA changes include

- The state may pro-rate shelter and utilities portion of allowanes in shared households
- The needs standard and payments are to be rounded down

- The first month's benefit is pro-rated to date of application (7)

AFDC grant levels vary from state to state. Illinois ranks 30th among states in its AFDC grant. Since 1973, Illinois has operated on a "flat grant" which does not take into account the ages of recipients nor the amount of their rent and other special needs. Counties are grouped into three categories according to theoretically anticipated rent costs. Chicago falls into the highest category, Group I. Here, for example, since January, 1981, a mother and child receive $250 a month; a mother with two children gets $302; and a family of four receives $368 to satisfy all monthly expenses except food. AFDC and AFDC-U recipients in Illinois are eligible for in-kind transfers such as food stamps, medicaid and housing assistance.

Since January, 1978, AFDC grants have risen only 15%, while the actual cost of living in Chicago has climbed 95.5%. (See the accompanying graph: "Differences in Percentage Increase Between Consumer Price Index and Aid to Families with Dependent Children.") (8) This year, the Thompson administration and the General Assembly neglected to raise benefit levels for the third year in a row.

Even with federally funded food stamps, the amount of which varies according to income and housing costs, AFDC recipients fall far short of the current official poverty line of $825 a month for a non-farm family of four. As the accompanying graph illustrates, the gap between the Chicago area cost of living and the combined AFDC and food stamp benefit has been growing for years. Inflation has increased at more than twice the rate of increase of the combined grant.

The changes in the calculation of benefits have effected a $3-4 average grant reduction per person in AFDC and more than twice that amount for AFDC-U at the end of FY '82. (See Table XXI) For the federal government, this translates into a "saving" of $1.36 million. For a "welfate mother" of three, paying $275 a month rent, $12-16 less each month can mean two or three days at the end of the month without food for her family. (9)

Supplemental Security Income

SSI provides cash benefits to low-income aged, blind and disabled persons. Although this program is administered by the Social Security Administration, it is funded from the general revenues.

Participation Levels: In March, 1981, the Reagan administration mandated an accelerated review of SSI recipients' eligibility. In Illinois, the number of appeal hearings increased by 33% during the one year period from August, 1981 to August 1982. This review was done by computer selection. Those recipients whose eligibility the computer questioned, were notified of their termination from the program. Benefits were discontinued during any appeal process. The second level of the appeal process is a hearing where the claimant is visibly present for the first time to the person making the determination on their disability. Of the cases initially selected for review, the error rate was found to be at least 59%. These recipients had been unjustifiably denied benefits during the course of the appeal. (10)

Cook County participation levels show the effects of the accelerated review process. Between December of 1981 and December of 1982, participation dropped 3% among blind and disabled adults. By May, 1983, the levels were back up by one percent. (11)

Benefit Levels: SSI benefits can run as high as $304 a month for a single person and $456 for a couple with no other income. Benefits are reduced dollar for dollar for other cash benefits over $20 a month. About 40% of the recipients also receive some state supplement.

OBRA required retrospective budgeting, i.e., benefits are based on income, assets, and needs that existed two months prior to the grant. TEFRA cuts of about $200 million and Cost-of-Living (COLA) delays in Social Security of $400 million in three years will be more than offset by an increase in SSI benefits of up to $20 per month for single persons and up to $30 per month for couples. The Social Security Amendments of 1983 are responsible for a net increase in SSI funding between 1982 and 1985 of 4% or $1.419 million. They also require the Social Security Administration to notify certain Social Security recipients of their possible eligibility for SSI. (12)

Illinois General Assistance

In Chicago, GA is administered by the Illinois Department of Public Aid (IDPA). Its aim is to assist people who are ineligible for federal income maintenance programs. GA is financed with city and state funds.

Participation Levels: In June, 1979, 62,746 Chicagoans participated in this program. By the end of 1980, the number was 73,257. The appended table, "Major Income Maintenance Programs. . . ." illustrates the continuous growth of program participation, doubling the '79 figures in the spring of this year. Since the third quarter of 1981, the number of recipients grew to 123,500 in the late winter of 1983, a 40% rise. GA included 14,580 children under 19 years of age in June, 1983.

Benefit Levels: In 1972, the average GA grant for a person living alone was $146. Adjusted for inflation, this grant would be equivalent to $339 today. (13) However, through 1980-1981, the GA grant for an individual with no income totaled only $183.68. In January, 1982, this grant was cut to $162 by Governor Thompson. In May, 1982, the maximum individual benefit was again cut -- to $144. Although Thompson was prepared to sacrifice the entire GA program in his "Doomsday Budget for 1984," enough revenue was found through a temporary tax to fund the program for one more year.

The Illinois state estimate of what a single person needs to get by is $243 a month or $271 with medical costs. A federal estimate, as seen from the SSI grant, is now $304. The poverty threshold is reached at $405 (net). With $75 in food stamps, and $16 energy assistance, the 93% of Chicago's GA participants who are single must somehow survive on $235 a month. (14)

GA recipients are not eligible for CHA housing Assistance. Their medical card does not include most dental and optometric needs. Since July, 1982, most outpatient and clinic medical benefits, including drugs, pharmacy service, and medical supplies, have been eliminated. In March, 1983, Thompson lowered state hospital payments from about $200 a day for a maximum of $500 a visit or the equivalent of one day. The July, 1983 budget extends this policy through next year. (15) Hospitals are now refusing care to GA recipients. (16)

Footnotes

1. Major Legislative Changes in Human Resources Since January, 1981. Congressional Budget Office Staff Memorandum. August, 1983. Page viii

2. Center of Social Welfare Policy and Law article, "Summary of Federal Cutbacks in AFDC Enacted in 1981 and 1982," Substantive Law Changes through the Federal Budget Process: The Implications for Legal Services Clients. FRAC. November 1982. Pages 36-39.

3. Since June, 1980, the number of IDPA workers dropped from 9,111 to the current number below 8,200. This slippage occurred while "cases" were increasing by the tens of thousands.

4. As a result of OBRA, 350,000 families lost AFDC nationwide. In October, 1982, about 3.5 million families participated in AFDC in the U.S. OBRA eliminated an estimated 14,000 Illinois recipients by May, 1982. The cap on gross earnings terminated 5,300 persons in Illinois; the step-parent provision, 4,902; the asset limit reduction, 229; and the modi-

fication for older teens affected 1,532 grants. By June, 1982, however, the number of Illinois recipients had grown to 702,895 mothers and children. (Information from the IDPA, June, 1982) In December, 1982, 726,709 people were benefiting from AFDC in Illinois.

5. U.S. Department of Labor, Bureau of Labor Statistics. Nor can 100,000 of the Chicagoans whose jobs have disappeared have hopes of re-employment. John C. Coulter, chief economist for the Chicago Association of Commerce and Industry, is reported as estimating the number of jobs slots lost to Chicago during 1982 and the first half of 1983 to be about 100,000. See Thomas Maier, "Economic Recovery Reaches Area at Last," Chicago Sun-Times, August 28, 1983, page 68. This estimate is consonant with Bureau of Labor Statistics -- 140,000 fewer jobs in Illinois -- (News, May 17, 1983). Total job loss in Illinois over the last two years may more than double BLS reports. See Charles M. Wheeler III, "Thompson's Tax Hike. The Reasons and the Politics," Illinois Issues, April, 1983, page 11.

6. "Summary of Federal Cutbacks in AFDC...," ibid.

7. Ibid.

8. Our graph adapts and expands the graph found in The Continuing Illinois Welfare Scandal. Illinois Religious Committee on Welfare Reform. Springfield, January, 1981. Page 8.

9. In July, 1981, the U.S. median maximum payment for a female-headed family of four with no income was about 50% of the poverty line. OBRA changes caused 300,000 AFDC families in the nation to suffer benefit reductions. "Summary of Federal Cutbacks in AFDC...," ibid.

10. Although the accelerated review was aimed at Social Security Disability Insurance, which is not an income maintenance program, the review embraced SSI recipients who also benefited from Social Security Disability Insurance (over 60% of SSI households nationwide also receive Social Security Benefits) and those who did not. This information was re-confirmed via telephone, September 1, 1983, by the SSA Statistical Division. For more detail, see "Social Security -- How It Has Changed," DORS Openers, Vol. 3, N.3, July, 1982. For a different view, see James Warren, "Disability pensions reviews defended," Chicago Sun-Times, June 26, 1983, Business Section, page 6.

11. The SSA Statistical Division supplied two different sets of figures for Cook County for these months. The first set, obtained in June, 1982, ran to 70,946 in December, 1981.

TABLE XIX

Congregate Dining and Home Delivered Meals:
Serving the Elderly in Chicago's Poorest Communities

Poorest Community Areas	Population 60 and over	Percent of Total Pop. of Comm.	60 & over Below Poverty Level		Percent Living Alone	Congregate Dining			Home Delivered Meal	
				%		No. of Sites *	No. of clients +	Percent of total	No. of clients	Percent of Total
Oakland	1,466	8.8	871	57.9	57.5	1½	103	0.5	3	0.1
Near South Side	837	11.6	352	45.9	72.9	½	117	0.5	11	0.5
Near West Side	6,498	11.4	2,711	43.1	51.7	2½	319	1.5	63	2.9
Grand Boulevard	9,620	17.9	3,709	39.6	50.5	3½	173	0.8	37	1.7
E. Garfield Park	3,660	11.6	1,390	38.1	35.4	2	366	1.7	9	0.4
Washington Park	5,305	16.6	1,764	33.2	42.2	½	57	0.3	26	1.2
Douglas	5,636	15.8	1,686	32.7	56.8	2	173	0.8	38	1.8
Riverdale	577	4.5	197	31.3	24.1	1	51	0.2	6	0.3
Woodlawn	7,025	19.3	2,142	31.0	46.1	1½	182	0.8	31	1.4
North Lawndale	6,090	9.9	1,728	28.4	24.6	0	386	1.8	32	1.5

* Fractions indicate a site on the border of two communities

+ Income not known

TABLE XX

Congregate Dining and Home Delivered Meals

Almost one-half of whites living below poverty level are concentrated in 10 communities

	Population 60 and over	Percent of Total pop. of comm.	60 & over Below poverty Level		Percent Living Alone	Congregate Dining			Home Delivered Meals	
				%		No. of Sites *	No. of Clients +	Percent of Total	No. of Clients	Percent of Total
Uptown	11,347	17.6	3,114	30.6	63.4	5#	1,525	7.1	190	8.8
West Town	12,129	12.6	2,697	22.1	43.6	5½	941	4.4	55	2.5
Lincoln Park	7,573	13.3	1,330	19.0	58.6	4	606	2.8	58	2.7
New City	6,487	11.6	1,219	18.3	37.7	2	213	1.0	43	2.0
Humboldt Park	6,809	9.6	1,197	17.4	38.6	0	253	1.2	32	1.5
South Lawndale	6,909	9.2	1,142	17.2	39.3	2	416	1.9	34	1.6
Logan Square	11,412	13.5	1,685	15.3	43.2	2½	800	3.7	60	2.8
Edgewater	13,535	23.1	1,681	13.1	57.7	-	-	-	-	-
Lake View	18,195	18.7	2,359	13.1	57.1	5	678	3.2	89	4.1
North Center	6,467	18.4	782	12.3	43.0	1	361	1.7	49	2.3

* Fractions indicate a site on the border of two communities

+ Income not known

# The American Indian Center has recently been added

The second set, obtained September 1, 1982, showed 48,736 adult, adult blind and disability participants in Cook County and 3,906 children. The 3% decline in the succeeding year appeared in both sets of figures as did the rise of 1% from December, 1982 to April/May, 1983. For the sake of comparison, 121,064 Illinoians received SSI in March, 1982 -- down 2,000 since 1980.

12. Major Legislative Changes ..., op.cit., page 24 and 31-32. C.f. Interactions Among Programs Providing Benefits to Individuals: Secondary Effects on the Budget. Congressional Budget Office. May, 1982, page 46.

13. "Life in the Safety Net, $144 a Month," The Reader. June 24, 1983. Much of the material in this section borrows from this extensive article.

14. Ibid.

15. Dennis B. Fradin, "Welfare and People: Who Cares?" Illinois Issues. September, 1983, page 18. Cf. also Alan P. Henry, "State's poor gain little in new public-aid budget," Chicago Sun-Times. July 3, 1983.

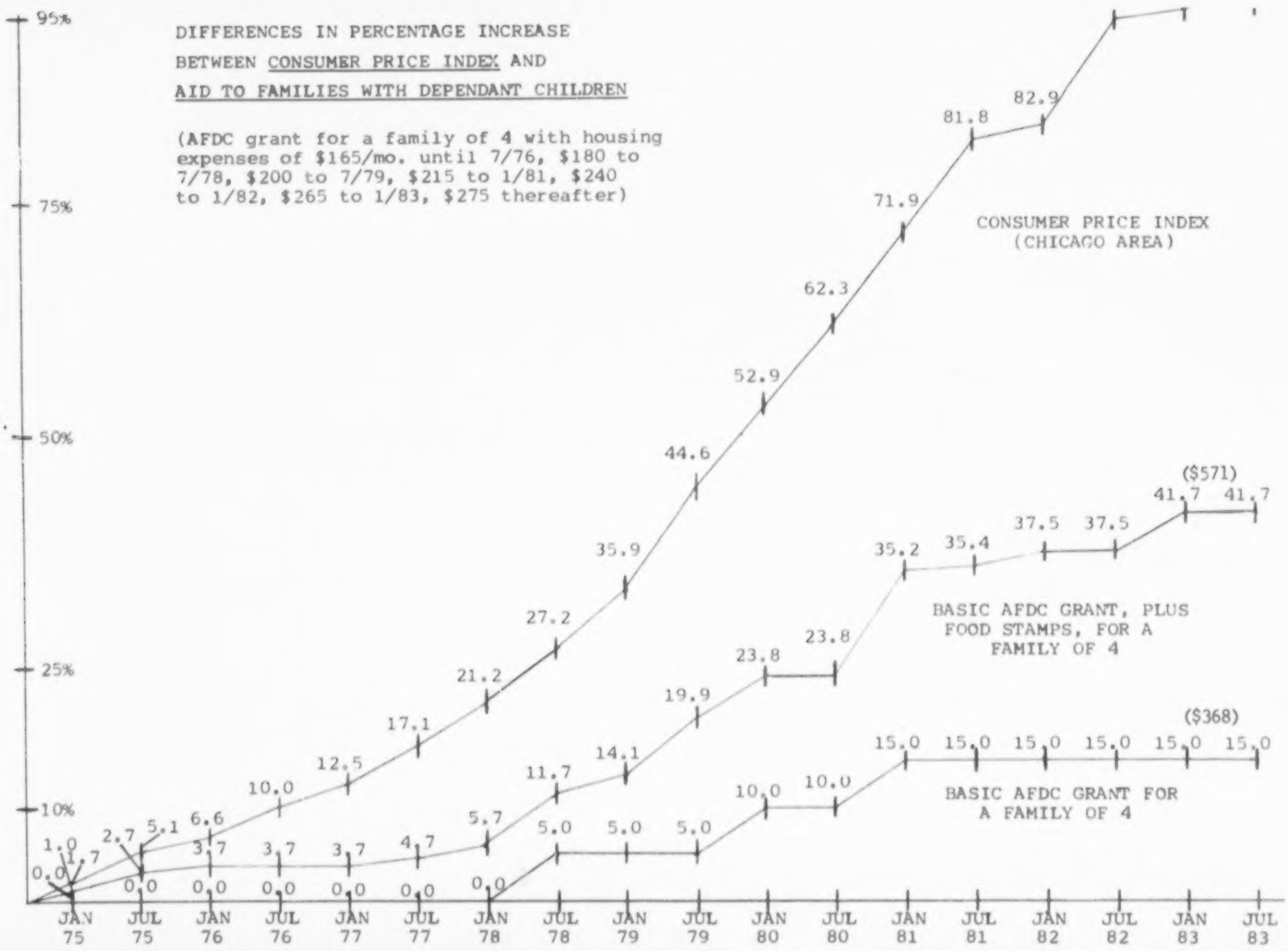
16. Ibid.

TABLE XXI

Income Maintenance Programs: **
Aid to Families With Dependent Children, AFDC-Unemployed Person, Illinois General Assistance

PROGRAM TITLE	TYPE OF INFORMATION SOUGHT	1981			1982			1983		
		AUG.	SEPT.	OCT.	AUG.	SEPT.	OCT.	FEB.	MARCH	APRIL
AFDC	1) Number of Participants	424,350	425,150	418,600	408,700	410,500	412,000	413,600	415,500	414,900
	2) Average Grant Benefit Per Person ($)	100.15	100.77	99.18	98.62	96.69	98.02	97.09	97.95	97.25
	3) Number of Eligible Persons	424,600	425,400	421,400	412,300	414,100	415,700	418,200	420,000	419,500
AFDC-U	1) Number of Participants	19,950	20,350	20,300	22,400	22,900	23,200	23,800	24,300	24,300
	2) Average Grant Benefit Per Person ($)	92.72	93.74	93.15	88.53	85.31	87.50	85.68	85.49	85.14
	3) Number of Eligible Persons	20,000	20,400	20,500	22,600	23,200	23,500	24,100	24,600	24,600
GENERAL ASSISTANCE	1) Number of Participants	86,196	87,291	88,749	106,078	107,720	110,271	120,352	124,379	125,821
	2) Average Monthly Benefit ($)*	161.44	161.93	162.00	141.10	139.65	139.32	137.97	138.94	137.52

*(Source: Legal Advisory Committee on PA 793-6190) ** For Chicago


DIFFERENCES IN PERCENTAGE INCREASE BETWEEN CONSUMER PRICE INDEX AND AID TO FAMILIES WITH DEPENDANT CHILDREN

(AFDC grant for a family of 4 with housing expenses of $165/mo. until 7/76, $180 to 7/78, $200 to 7/79, $215 to 1/81, $240 to 1/82, $265 to 1/83, $275 thereafter)